

480 West 8th Street  
Red Wing, Minnesota 55066  
[www.hope-coalition.org](http://www.hope-coalition.org)



Business: (651) 388-9360  
Crisis: (800) 369-5214  
Fax: (651) 388-9178

*Helping families in crisis rebuild their lives.*

## EMPLOYMENT APPLICATION

- HOPE Coalition is an equal opportunity employer
- Please print using blue or black ink
- Completed applications can be mailed to: HOPE Coalition  
ATTN Human Resources Specialist  
480 8th Street  
Red Wing, MN 55066

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Best time to call: \_\_\_\_\_

Date Available: \_\_\_\_\_ Position applying for: \_\_\_\_\_

I am available to work (check all that apply)    Days    Evenings    Overnights    Weekends  
Full Time    Part Time    Relief/On-Call

Please explain why you would like to work for this organization:

---

---

---

---

---

---

---

---

---

---

## Employment History

- Attach additional sheets if necessary
- Please provide a complete account of your work history beginning with the most recent

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name and title: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  YES  NO If no, why not? \_\_\_\_\_

---

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name and title: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  YES  NO If no, why not? \_\_\_\_\_

---

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name and title: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  YES  NO If no, why not? \_\_\_\_\_

---

Have you ever worked for the HOPE Coalition before?  YES  NO If so, when? \_\_\_\_\_

Are any of your family members currently employed by HOPE Coalition?  YES  NO

If so, who? \_\_\_\_\_

Are you a legal citizen of the United States?  YES  NO

Are you 18 years of age or older?  YES  NO

Are you capable of adequately performing the essential functions of the position as detailed in the job description for the position you are applying for?  YES  NO

If no, please explain. \_\_\_\_\_

*The HOPE Coalition will provide reasonable accommodations within the limits prescribed by law.*

## Education and Experience

Please circle the highest grade you have completed:

Primary Education  
1 2 3 4 5 6 7 8

High School  
9 10 11 12

College  
1 2 3 4

Post Graduate  
1 2 MA PHD

Did you receive a high school diploma or GED certificate?  YES  NO

Please list any type of college courses, seminars, workshops, trainings you have taken or any life experiences that would be relevant to this position:

---

---

---

---

## References

Please provide the following information for three references that are not related to you and are not previous employers.

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## Releases

### EMPLOYMENT

I, \_\_\_\_\_, hereby authorize HOPE Coalition to make such investigations and inquiries of my personal employment. I hereby release employers, educational facilities or any other persons related to my application from all liabilities in responding to inquiries in connection with my employment. All information received will remain confidential with HOPE Coalition and will not be released to the applicant.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

---

### DEPARTMENT OF MOTOR VEHICLES

Because of our insurance policy we will need to run a check of your name with the Department of Motor Vehicles. Please sign below to indicate your permission to do so. If you do not consent to this check, please explain why below:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

---

### CRIMINAL BACKGROUND

In reference to your criminal history, HOPE Coalition will not automatically reject an applicant who has a conviction on record. Before any applicant is rejected, he/she will be notified. This notice will state the reason(s) for rejection.

Have you been convicted, plead guilty or plead no contest to a misdemeanor, gross misdemeanor or felony within the last seven years by military or civilian authorities for which you served a term in jail/prison or for which a term in jail/prison could have been imposed?

YES  NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

### TENNESEN WARNING

As an applicant for employment with HOPE Coalition, I have voluntarily supplied true and complete data about myself, which may be public and/or private in nature. I understand that, as a part of the selection process, I am requested to supply this information.

I understand that failure to provide accurate and adequate data may disqualify me from further consideration for employment. I further understand that this information will be used by HOPE Coalition to aid in the determination of my suitability for employment. I, therefore, waive my right to claim and hereby hold harmless the HOPE Coalition and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information. It is understood and acknowledged that, unless otherwise defined by applicable law, labor union contract or other written agreement, and employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the at any time with or without cause. I authorize investigates of all statements contained in this application (and accompanying resume, if any.) I understand that the misrepresentation, or the omission of facts called for, will result in immediate termination or disqualification.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# HOPE Coalition

## PHYSICAL JOB REQUIREMENTS

### Section I

To be completed by employer

1. Percent of time spent for each activity:

Sitting: 20%  
 Standing: 40%  
 Moving About: 40%

2. Does the job require:

Talking: YES  
 Hearing: YES  
 Seeing: YES  
 Manual dexterity: YES  
 Finger dexterity: YES  
 Driving a motor vehicle: YES

3. Job Requires:

	Frequently	Occasionally	Never
Bend/stoop	<u>  X  </u>	<u>      </u>	<u>      </u>
Climb stairs	<u>      </u>	<u>  X  </u>	<u>      </u>
Reach above shoulder level	<u>  X  </u>	<u>      </u>	<u>      </u>
Crouch/kneel	<u>      </u>	<u>  X  </u>	<u>      </u>
Balance	<u>  X  </u>	<u>      </u>	<u>      </u>
Push/Pull	<u>  X  </u>	<u>      </u>	<u>      </u>
Restraining	<u>  X  </u>	<u>      </u>	<u>      </u>

4. Job Requires carrying:

Up to 10 lbs	<u>  X  </u>	<u>      </u>	<u>      </u>
10 to 50 lbs	<u>      </u>	<u>  X  </u>	<u>      </u>
50 lbs or more	<u>      </u>	<u>  X  </u>	<u>      </u>

5. Job requires lifting:

Up to 10 lbs	<u>  X  </u>	<u>      </u>	<u>      </u>
10 to 50 lbs	<u>      </u>	<u>  X  </u>	<u>      </u>
50 lbs or more	<u>      </u>	<u>  X  </u>	<u>      </u>

### Section II

To be completed by applicant

Are there any physical limitations that would preclude you from performing any of the aforementioned tasks? If so, please explain.

---



---



---

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Reference Check Information** *(office use only)*

Applicant's Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

Period of Employment: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Eligible for re-hire?  YES  NO If no, why not? \_\_\_\_\_

Attendance? \_\_\_\_\_ Additional Comments: \_\_\_\_\_

Quality of Work? \_\_\_\_\_

Productivity? \_\_\_\_\_

---

Previous Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

Period of Employment: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Eligible for re-hire?  YES  NO If no, why not? \_\_\_\_\_

Attendance? \_\_\_\_\_ Additional Comments: \_\_\_\_\_

Quality of Work? \_\_\_\_\_

Productivity? \_\_\_\_\_

---

Previous Employer: \_\_\_\_\_ Contact: \_\_\_\_\_

Period of Employment: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Eligible for re-hire?  YES  NO If no, why not? \_\_\_\_\_

Attendance? \_\_\_\_\_ Additional Comments: \_\_\_\_\_

Quality of Work? \_\_\_\_\_

Productivity? \_\_\_\_\_

---

Name of person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_