

1926 Old West Main Street
Suite 104
Red Wing, MN 55066
Attn: Human Resources
www.hope-coalition.org



Empowering lives through HOPE.

EMPLOYMENT APPLICATION

HOPE Coalition welcomes you as an applicant for employment. HOPE Coalition provides equal employment opportunities to all employees and applicants without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws.

PLEASE PRINT USING BLUE OR BLACK INK
PROVIDE ALL INFORMATION REQUESTED

Position(s) applied for		Date of Application
Last Name	First Name	M.I.
City	State	Zip
Home Telephone #	Work Telephone #	Cell #
E-mail Address		

Have you been employed with us before? No Yes If so, when and in what capacity?

On what date are you available to begin work? _____

When are you available to work?

Check all that apply.

Full Time Part Time Relief/On-call

Day's Evenings Overnights Weekend

ATTACH ADDITIONAL SHEETS IF NECESSARY. (Application must be completed-Do not say see resume)

EDUCATION

	Name and Location of School	Area of Study	Years Completed	Did You Graduate? Y/N	Degree Received
High School					
College					
Graduate School					
Other (Specify)					

EMPLOYMENT EXPERIENCE

While a resume may be attached to provide additional information, **do not write "see resume"**.

Employer		Dates Employed	
Address		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City		State	Zip
Telephone Number(s) Home	Work	Cell	
Job Title		Supervisor	
Reason for Leaving			
Work Performed			

Employer		Dates Employed	
Address		May we contact this employer?	<input type="radio"/> Yes <input type="radio"/> No
City		State	Zip
Telephone Number(s) Home	Work	Cell	
Job Title		Supervisor	
Reason for Leaving			
Work Performed			

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Employer		Dates Employed	
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City		State	Zip
Telephone Number(s) Home	Work	Cell	
Job Title		Supervisor	
Reason for Leaving			
Work Performed			

Employer		Dates Employed	
Address		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City		State	Zip
Telephone Number(s) Home	Work	Cell	
Job Title		Supervisor	
Reason for Leaving			
Work Performed			

Please describe any unsalaried/volunteer experience you believe relevant to the position for which you are applying.

Please describe any specialized training, workshops or conferences you have attended that qualify you for this position.

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REFERENCES

Name	Telephone Number
Occupation	Relationship
Name	Telephone Number
Occupation	Relationship
Name	Telephone Number
Occupation	Relationship

CERTIFICATION, ACKNOWLEDGEMENT AND RELEASE

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, may disqualify me from consideration for employment, and constitutes grounds for immediate dismissal should I be employed by HOPE Coalition.

I acknowledge that, unless otherwise defined by applicable law, any employment relationship with HOPE Coalition is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

I hereby release HOPE Coalition and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of HOPE Coalition, former employers and volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information. This authorization expires one year from date of my signature.

Signature

Date

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VOLUNTARY INFORMATION

This information is voluntary and is used for reporting purposes only.

How did you learn about this position? (Please check one)

- Red Wing Republican Eagle
 Other Newspaper: Specify _____
 HOPE Coalition Web-Site
 Other Web-Site: Specify _____
 Friend/Relative (and where they heard about it, please specify)

 Other: _____

This information will be removed from your application before it is considered for employment.
 Thank you for your participation.

HOPE Coalition Human Resources Department use Only

Position Posting Date	Position Closing Date
Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	Rejection Letter Sent <input type="checkbox"/> Yes <input type="checkbox"/> No
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment
Position Title	Department
Starting Wage	
Date completed by HR Department	

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