

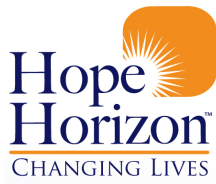
Employment Application

Personal Data				
Last Name	First Name	MI	SS#	
Address	City	State	Zip Code	
Home Number	Alternate number	Cell Number		
Position Desired				
Job Applying		Date Available	Salary Requirement	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				
Referred by:	E-Mail address:	Are you related to any HH employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list Name and relationship:		

Have you ever been convicted for any criminal offense?

Yes No

If yes, please explain:

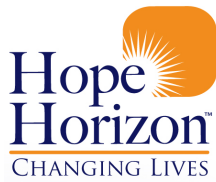


Education					
School Name	City and State	Major/Minor	Did you Graduate?	Graduation Date	Degree Received
High School GED			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/Trade/Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Undergraduate College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Certification in CPR ___yes ___no

Certification in First Aid ___yes ___no

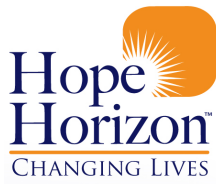
Work history		
Company Name:		Telephone Number:
Address:	Dates Employed:	Beginning Salary:
	From: _____ / _____ To: _____ / _____	End Salary:
Job Title and Primary Duties:		
Supervisor's Name:	Telephone Number:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:		



Work history		
Company Name:	Telephone Number:	
Address:	Dates Employed: From: _____ / _____ To: _____ / _____	Beginning Salary: End Salary:
Job Title and Primary Duties:		
Supervisor's Name:	Telephone Number:	May we contact this Employer? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
Reason for leaving:		

Skills and Abilities
Check all skills that apply to you: <input type="checkbox"/> IDD <input type="checkbox"/> Clerical <input type="checkbox"/> Management/ Administration <input type="checkbox"/> other If other specify: _____

Software: <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Typing: WPM <input type="checkbox"/> Other If other specify: _____
--



Foreign Language Skills

Please list any foreign languages skills in which you are fluent:

Language: _____

Speak: _____

Read: _____

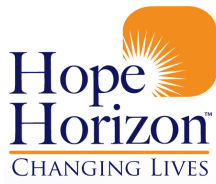
Write: _____

Licensure Registration Certification

Name of License, Registration, Certification	State

Professional References

Name	Address	City	State	Telephone
1.				
2.				
3.				



Driver's License		
Driver's License Number	State Issued	Expiration Date
<p>Has your license ever been suspended or revoked? <input type="checkbox"/> yes <input type="checkbox"/> no <u>if yes please explain:</u></p> <p>If you are applying for a position that requires driving, can you provide proof of insurance? <input type="checkbox"/> yes <input type="checkbox"/> no</p>		

By Signing, I _____, state that I have provided true and accurate information. I also understand that if I willingly provide inaccurate or false information, it could result in failure to be employed by Hope Horizon LLC.

SIGNATURE

DATE