



HIGH HOPE EMPLOYMENT SERVICES, INC.

### Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age or disability.

(Please Print)

<b>Position(s) Applied For</b>	<b>Date of Application:</b>

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone No.\Message Phone</b>		<b>Social Security No.</b>	

How did you hear about this job? \_\_\_Newspaper\_\_\_Friend \_\_\_Other  
If referred by an employee, please list employee's name: \_\_\_\_\_

Have you filed an application here before? Yes\_\_\_ No\_\_\_

Have you ever been employed here before? Yes\_\_\_ No\_\_\_

Are you eligible to work in the United States? \_\_\_\_\_

Are you available to work: \_\_\_\_\_Full-time \_\_\_\_\_Part-time

On what date are you available for work? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

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

(Conviction will not necessarily disqualify applicant from employment)

High Hope Employment Services, Inc.  
611 W. Third Street, Suite 1  
Milan, Mo. 63556 \* (660) 265-4614

**Employment History: Please list most recent job first.**

<b>Employer</b>	<b>Dates Employed</b>		<b>Job Title</b>	<b>Supervisor</b>	
	<b>From</b>	<b>To</b>			
<b>Address</b>			<b>Job Duties</b>		
<b>Employer Phone Number</b>		<b>Hourly Rate/Salary</b>			
( ) -		<b>Starting</b>			<b>Final</b>
<b>Reason(s) for Leaving:</b>			<b>Reference</b> Check Done <u>    </u> <u>    </u> <b>Initial</b> <b>Date</b>		

<b>Employer</b>	<b>Dates Employed</b>		<b>Job Title</b>	<b>Supervisor</b>	
	<b>From</b>	<b>To</b>			
<b>Address</b>			<b>Job Duties</b>		
<b>Employer Phone Number</b>		<b>Hourly Rate/Salary</b>			
( ) -		<b>Starting</b>			<b>Final</b>
<b>Reason(s) for Leaving:</b>			<b>Reference</b> Check Done <u>    </u> <u>    </u> <b>Initial</b> <b>Date</b>		

<b>Employer</b>	<b>Dates Employed</b>		<b>Job Title</b>	<b>Supervisor</b>	
	<b>From</b>	<b>To</b>			
<b>Address</b>			<b>Job Duties</b>		
<b>Employer Phone Number</b>		<b>Hourly Rate/Salary</b>			
( ) -		<b>Starting</b>			<b>Final</b>
<b>Reason(s) for Leaving:</b>			<b>Reference</b> Check Done <u>    </u> <u>    </u> <b>Initial</b> <b>Date</b>		

May we contact your present or former employer?      Yes      No

If not, why \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience. \_\_\_\_\_

\_\_\_\_\_

**Education Background Information**

Did you graduate from high school or receive a GED? \_\_\_\_\_ Yes \_\_\_\_\_ No

	Elementary	High	College
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4
School Name:	_____		
City/State:	_____		

State any additional information you may feel may be helpful to us in considering your application. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

I understand that employment by this facility will be on a 90-day probationary basis. If employed by HIGH HOPE EMPLOYMENT SERVICES, INC. I agree to abide by its rules and regulations. I agree to take a physical examination, and agree that the examining physician may disclose the findings to this facility or an authorized agent of this facility.

\_\_\_\_\_  
Signature

**High Hope Employment Services, Inc.  
611 W. Third Street, Suite 1  
Milan, Mo. 63556**

**Voluntary EEO Identification and Invitation to Self-Identify**

Various agencies of the United States government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. High Hope Employment Services, Inc. believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Position Applied For \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male  Female

**Race/Ethnic Data:**

- White (Non-Hispanic)                       Asian or Pacific Islander                       Native American Indian or Alaskan  
 Black (Non-Hispanic)                       Hispanic

**Disabled Veterans and Special Disabled Veterans**

Submissions of this information is voluntary and refusal to provide it will not subject you to adverse treatment. Information you submit about your disability or veteran status will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, or disabled veterans, and regarding necessary accommodations: (ii) first aid and safety personnel may be informed, when and to the extent if appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are not inconsistent with section 503 of the Rehabilitation Act or section 4212 of VEVRAA.

**Please Check Any of the Following Which Apply to You**

- Vietnam Era Veteran or any other veteran (defined as a person who served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964 and May 7, 1975, in all other cases. The term also refers to a person who was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or between August 5, 1964, and May 7, 1975, in all other cases. The term also refers to an individual who has served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, and was released or discharged with other than a dishonorable discharge.)
- Special Disabled Veteran (defined as a veteran who is entitled to compensation (or who, but for receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for Disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap. The term also refers to a person who was discharged or released from active duty because of a service-connected disability.
- Disabled Individual

If you have checked that you are an individual with a disability or a special disabled veteran, we should like to include you under our affirmative action program. If would assist us if you tell us about the following:

(1) Any special methods, skills and procedures which qualify you for positions which you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind: \_\_\_\_\_

(2) The accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations: \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_