EMPLOYMENT APPLICATION

mail to:
Hope Village for Children
P. O. Box 26
Meridian, MS 39302

To the applicant: We appreciate your interest in Hope Village for Children and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which best meets your qualifications. We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, sex, religion, color, national origin, age, marital or veteran status, or the presence of non-related medical condition or handicap.

This application will be considered active for 60 days. If you wish to be considered for employment after that time you should submit a new application.

PERSONAL INFORMATION

Date of Application: _____

Name: _____
(Last) *(First)* *(Middle, Middle Initial)*

Address: _____
(Street) *(City)* *(State)* *(Zip)*

How long have you lived at your current address? _____

Previous Address _____
(Street) *(City)* *(State)* *(Zip)*

Social Security # _____

Telephone: (day) _____ (night) _____

E-mail address: _____

Date of Birth:_____

Are you a U.S. Citizen? ☐ YES ☐ NO

If you are not a U.S. Citizen, do you have the legal right to work in the United States? ☐ YES ☐ NO

Have you been employed here previously? ☐ YES ☐ NO

Have you filed an application with us before? ☐ YES - Date _____ ☐ NO

Has any employee recommended you for this position? (who)_____

Do you have a valid Mississippi Driver's License? ☐ YES ☐ NO DL# _____

Have you had experience in the Armed Forces of the United State or in a state military? ☐ YES ☐ NO

Are you in the Reserves? ☐ YES ☐ NO

List any friends or relatives employed here: _____

Have you been convicted of a felony? ☐ YES ☐ NO

If yes; where, when and nature of offense:

_____

_____

_____

_____

Two years experience with teens in a work environment are required if applying for position working with children. List any supporting experience in the employment section.

If your application is not complete with contact numbers it will not be considered.

EDUCATION

	Name of School and Location	Year Completed	Diploma or Degree (type)	License? (Type) Yes or No	Certifications
High School					
College					
Graduate					
Vocational Training					
Other					

Do you have a High School Diploma? ☐ YES ☐ NO OR a GED certificate? ☐ YES ☐ NO

EMPLOYMENT DESIRED

Position applying for _____

Type of Work Sought: Full time: ☐ YES ☐ NO Part time: ☐ YES ☐ NO

Please specify hours and days available to work: _____

_____

Salary desired _____

Do you have any special skills, qualifications, or former experience that relates to the position applied for?

_____

_____

_____

_____

EMPLOYMENT EXPERIENCE

List current and most recent employment first. Include **all** employment for the last ten years. Additional pages may be attached. Failure to list prior employers may be grounds for a decision not to hire or, if hired, termination.

Employer		From
		To
Address		Telephone
Job Title	Supervisor	Salary/Hourly Rate
Reason for Leaving		

Employer		From
		To
Address		Telephone
Job Title	Supervisor	Salary/Hourly Rate
Reason for Leaving		

Employer		From
		To
Address		Telephone
Job Title	Supervisor	Salary/Hourly Rate
Reason for Leaving		

Employer		From
		To
Address		Telephone
Job Title	Supervisor	Salary/Hourly Rate
Reason for Leaving		

EMPLOYMENT EXPERIENCE, CONTINUED

Employer		From
		To
Address		Telephone
Job Title	Supervisor	Salary/Hourly Rate
Reason for Leaving		

Employer		From
		To
Address		Telephone
Job Title	Supervisor	Salary/Hourly Rate
Reason for Leaving		

Employer		From
		To
Address		Telephone
Job Title	Supervisor	Salary/Hourly Rate
Reason for Leaving		

Employer		From
		To
Address		Telephone
Job Title	Supervisor	Salary/Hourly Rate
Reason for Leaving		

REFERENCES

PLEASE NOTE: These cannot be family members. One must be a previous/current supervisor.

Previous/Current Supervisor:

NAME	ADDRESS	DAYTIME PHONE #

Other References:

NAME	ADDRESS	DAYTIME PHONE #

EMERGENCY CONTACT

Name and address of the person to be notified in the event of accident or emergency:

_____

Name *Address* *Telephone* *Relationship to Applicant*

Hope Village for Children makes no representation that employment with our agency is for any specific period of employment. Employment-at-will is the recognized rule in Mississippi and that applies to employment here.

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize Hope Village for Children to verify any information concerning my employment or education with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as Hope Village may require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release Hope Village and them from any liability whatsoever as a result of such inquiries and disclosures. I understand that any false information in support of my application may subject me to discharge at any time during the period of employment. If hired I will serve at the will of Hope Village for Children and I agree that I shall be bound by the rules, policies and regulations of Hope Village as they are from time to time changed. I understand that either party may terminate the employment relationship, with or without cause at any time. I hereby authorize Hope Village to deduct from each and every pay period any amounts necessary to offset any damages caused by me, or money entrusted to me by, or owed by me to Hope Village during the course of employment. I understand that these arrangements may only be altered in writing directed to me personally by the Executive Director of Hope Village. I further understand that my employment will be considered conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

_____ _____

Signature Date

FOR INTERVIEWER'S USE

Interview by: _____ Interview Date: _____

Position: _____ Salary: _____

Comments: _____

_____

_____

Disposition: _____

DRUG FREE/TOBACCO FREE WORKPLACE ASSURANCE

Hope Village for Children believes in the health and safety of our clients and employees. It, therefore, insists upon a work place that is free of any tobacco products, illegal and/or mind-altering substances.

The possession, use, handling, sale, or distribution of any alcoholic beverage, tobacco products or of any illegal or non-prescription drug, narcotic, or other mind altering substance in the work place will be cause for immediate dismissal.

Hope Village for Children may, at its discretion, periodically or at any time, require drug-screening tests of any and/or all employees and/or volunteers. If any such test indicates the presence of any illegal or nonprescription drug, narcotic, or other mind-altering substance in any employee or volunteer it shall be grounds for immediate dismissal.

The Board of Directors further directs that this policy be posted, giving notice that Hope Village for Children is a DRUG FREE AND TOBACCO FREE WORK PLACE and that such posted notice be accessible to all employees, volunteers, clients, and the general public.

By signing this document, I certify that I have read, understand, and will comply with the DRUG FREE TOBACCO FREE WORK PLACE policy of Hope Village for Children, Inc. I understand that as a condition of employment, I will be required to submit to a drug screening.

_____ _____

Signature Date

_____ _____

Staff Signature Date

HOPE VILLAGE AVAILABLE SHIFTS

Weekdays (Mon-Fri)

PLEASE CIRCLE WHICH SHIFT YOU WANT

3pm-11pm

4pm-12am

4:30pm-12:30am

11pm-7am

12am-8am

12:30am-8:30pm

Weekends (Sat-Sun):

1) EVERY WEEKEND or EVERY OTHER WEEKEND?

2) PLEASE CIRCLE WHICH SHIFT YOU WANT

7am-3pm

8am-4pm

8:30am-4:30pm

3pm-11pm

4pm-12am

4:30pm-12:30am

11pm-7am

12am-8am

12:30am-8:30am