

HOPE Coalition

Kids Count - ACP • The Women's Center • Transitional Housing

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 the 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	High School	College	Post Graduate
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	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 the Red Wing Area Coalition for Transitional Housing/The Women’s Center 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 the Red Wing Area Coalition For Transitional Housing/The Women’s Center 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, the Red Wing Area Coalition for Transitional Housing 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 the RWACFTH, 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 the RWACFTH to aid in the determination of my suitability for employment. I, therefore, waive my right to claim and hereby hold harmless the RWACFTH 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

	Frequently	Occasionally	Never
3. Job Requires:			
Bend/stoop	<u>X</u>	___	___
Climb stairs	___	<u>X</u>	___
Reach above shoulder level	<u>X</u>	___	___
Crouch/kneel	___	<u>X</u>	___
Balance	<u>X</u>	___	___
Push/Pull	<u>X</u>	___	___
Restraining	<u>X</u>	___	___
4. Job Requires carrying:			
Up to 10 lbs	<u>X</u>	___	___
10 to 50 lbs	___	<u>X</u>	___
50 lbs or more	___	<u>X</u>	___
5. Job requires lifting:			
Up to 10 lbs	<u>X</u>	___	___
10 to 50 lbs	___	<u>X</u>	___
50 lbs or more	___	<u>X</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.

Applicant Signature: _____ 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: _____