

HOPE

Therapeutic Services

With HOPE, anything is possible.

Hope Therapeutic Services LLC is committed to the promotion of equal opportunity for all persons employed, engaged, or seeking employment or engagement as an independent contractor, without regard to race, color, creed, national origin, sex, age or handicap. It shall be the policy of Hope Therapeutic Services LLC. to provide equal opportunity to all applicants for employment and/or engagement as an independent contractor and to administer in accordance with that policy all personnel practices such as recruitment, selection, training, promotions, terminations, transfers, layoffs, compensation, benefits and other terms. Hope Therapeutic Services LLC wishes to ensure the furtherance of the principles of equal employment opportunity by basing all personnel decisions, which affect independent contractors or employment applicants, on only valid and necessary criteria.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Rate:\$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

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References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Criminal History

Have you ever been convicted of a criminal Offense? YES NO

Have you ever been convicted of criminal Offense against children? YES NO

Have you ever been convicted of fraud? YES NO

Have you ever been convicted of a narcotics offense ? YES NO

Are you on parole or probation? YES NO

If yes, explain: _____

We are required to complete a criminal background check on an annual basis. The cost of these documents is borne by the applicant

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____