

# PEARLS CENTER OF HOPE

## Employment Application

| APPLICANT INFORMATION                             |  |    |                              |                   |                              |                             |  |                |                  |  |  |
|---|--|----|------------------------------|-------------------|------------------------------|-----------------------------|--|----------------|------------------|--|--|
| Last Name   |  |    | First                        |                   |                              | M.I.                        |  | Date           |                  |  |  |
| Street Address                                    |  |    |                              |                   |                              |                             |  |                | Apartment/Unit # |  |  |
| City  |  |    | State                        |                   |                              | ZIP                         |  |                |                  |  |  |
| Phone   |  |    | E-mail Address               |                   |                              |                             |  |                |                  |  |  |
| Date Available                                    |  |    |                              |                   | Social Security No.          |                             |  | Desired Salary |                  |  |  |
| Position Applied for                              |  |    |                              |                   |                              |                             |  |                |                  |  |  |
| Are you a citizen of the United States?           |  |    | YES <input type="checkbox"/> |                   | NO <input type="checkbox"/>  |                             | If no, are you authorized to work in the U.S.? |                |                  | YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| Have you ever worked for this company?            |  |    | YES <input type="checkbox"/> |                   | NO <input type="checkbox"/>  |                             | If so, when?                                   |                |                  |  |  |
| Have you ever been convicted of a felony?         |  |    | YES <input type="checkbox"/> |                   | NO <input type="checkbox"/>  |                             | If yes, explain                                |                |                  |  |  |
| EDUCATION   |  |    |                              |                   |                              |                             |  |                |                  |  |  |
| High School                                       |  |    |                              |                   | Address                      |                             |  |                |                  |  |  |
| From  |  | To |                              | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree   |                |                  |  |  |
| College   |  |    |                              |                   | Address                      |                             |  |                |                  |  |  |
| From  |  | To |                              | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree   |                |                  |  |  |
| Other   |  |    |                              |                   | Address                      |                             |  |                |                  |  |  |
| From  |  | To |                              | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree   |                |                  |  |  |
| REFERENCES  |  |    |                              |                   |                              |                             |  |                |                  |  |  |
| <i>Please list three professional references.</i> |  |    |                              |                   |                              |                             |  |                |                  |  |  |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| 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 |