



**APPLICATION FOR EMPLOYMENT**

Home of Hope does not discriminate in its hiring decisions or in any other employment decisions on the basis of race, color, sex, religion, citizenship, national origin, veteran status, age or upon a physical or mental disability which is unrelated to the applicants/employees ability to perform the essential functions of the position.

**EMPLOYMENT DESIRED**

**Position(s) applied for:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Former Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Phone Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Cell Number: \_\_\_\_\_

List any relative(s) employed with HOH, Inc. \_\_\_\_\_

Have you previously worked for HOH, Inc.? (Circle One) YES OR NO If Yes, When? \_\_\_\_\_

**Were you referred to HOH, Inc. for employment by a HOH, Inc. employee? YES / NO If Yes, What is the Employee's name?**

**EDUCATIONAL BACKGROUND (List all educational schools attended with degrees, diplomas or certificates received).**

High School or GED \_\_\_\_\_  
College \_\_\_\_\_

School Attended \_\_\_\_\_  
School(s) Attended \_\_\_\_\_

Graduated \_\_\_\_\_  
Graduated \_\_\_\_\_

**CERTIFICATION**

If you hold a current certification as a nurse aide (I), check the appropriate certification(s) below:

- \_\_\_\_\_ Long Term Care (LTC)
- \_\_\_\_\_ Adult Day Care (ADC)
- \_\_\_\_\_ Developmental Disability Aide (DDA)
- \_\_\_\_\_ Medication Administration Technician (MAT)
- \_\_\_\_\_ Home Health Aide (HHA)
- \_\_\_\_\_ Residential Care Aide (RCA)
- \_\_\_\_\_ Certified Medication Aide (CMA)

If you are a CMA, have you obtained your hours of continuing education for this calendar year? \_\_\_ Yes \_\_\_ No

Technical or special skills, education honors, certificates, licenses or memberships not previously listed:

\_\_\_\_\_



**Begin with the most recent or current employer:**

Employers Name: \_\_\_\_\_ Address/City/St/Zip: \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates Employed: From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_ Wages: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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**Professional References**

Please provide the names and phone numbers of three (non relatives ) professional references.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable

Have you ever been terminated or asked to resign from any position? \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, Why?

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