

# APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with The Fountains of Hope. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, national origin, marital or veteran status, disability, sexual orientation, gender identity, or any other protected class as defined by local, state, or federal law. We seek applicants for employment who are qualified, dedicated, hardworking, and who seek fulfilling employment. In return The Fountains of Hope offers competitive income, benefits and an excellent working environment.

Applicants seeking reasonable accommodation with the application and/or interview process should contact the hiring manager.

Applicants may be subject to a background check and drug testing. Employment is conditional based upon the results of the background and drug screenings.

Applications are active for 30 days, but remain on file for one year.

## PERSONAL INFORMATION

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

Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_  
Street
City/State/Zip

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Are you at least 18 years or older? Yes  No

Upon employment, can you provide valid documentation establishing your identity and employment eligibility? Yes  No

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes  No

If yes, explain: \_\_\_\_\_

*(A conviction record will not necessarily bar employment. Factors such as job relatedness, age of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)*

## EMPLOYMENT DESIRED

- Full Time   
  Part Time   
  Temporary   
  Weekdays   
  Weekends  
 Mornings   
  Afternoons   
  Evenings   
  Nights

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Ever Applied To the Company Before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred By: \_\_\_\_\_

## EDUCATION

Did you graduate from High School or receive an equivalent degree?  Yes  No

Other Formal Education	NAME OF SCHOOL, CITY AND STATE	DATES ATTENDED	DEGREE OBTAINED
HIGHEST LEVEL OF EDUCATION COMPLETED			

[Omit any organization which reflects your race, color, sex, religion, age, national origin, marital or veteran status, disability, sexual orientation, gender identity, or any other protected class as defined by local, state, or federal law.]

## GENERAL

List any special course, seminars, and/or training that relate to the position for which you are applying.

\_\_\_\_\_

List any professional, trade, or civic organizations that relate to the position for which you are applying.

\_\_\_\_\_

**Work History: List Last Three Employers Starting With The Most Recent First. This Section Must Be Completed. "See Attached Resume" Is Not Acceptable.**

DATES OF EMPLOYMENT:		FROM:		TO:	
Employer:				Job Title:	
Address/City/State/Zip:				Phone Number:	
Starting Wage:		Ending Wage:		Supervisor Name:	
Reason for Leaving:					
List job duties performed:					

DATES OF EMPLOYMENT:		FROM:		TO:	
Employer:				Job Title:	
Address/City/State/Zip:				Phone Number:	
Starting Wage:		Ending Wage:		Supervisor Name:	
Reason for Leaving:					
List job duties performed:					

DATES OF EMPLOYMENT:		FROM:		TO:	
Employer:				Job Title:	
Address/City/State/Zip:				Phone Number:	
Starting Wage:		Ending Wage:		Supervisor Name:	
Reason for Leaving:					
List job duties performed:					

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**PROFESSIONAL REFERENCES:** Give The Names Of Three Non-Relative Professional References, Whom You Have Known For At Least 1 Year.

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Name	Phone	Business / Relationship	Years Acquainted
1.			
2.			
3.			

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**ADDITIONAL INFORMATION**

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List any additional information you feel may be helpful to us in considering your application:

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I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, and other documents or verbally obtained during an employment interview. I voluntarily consent to allow The Fountains of Hope or designated representatives of Merit Resources, Inc. or any of its representatives or agents to check my references by contacting any persons, company or governmental entity they deem to be an appropriate reference. I understand these questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment disqualification or dismissal from employment, if discovered at a later date.

I understand that completion of this Application for Employment does not imply or guarantee employment by The Fountains of Hope. All employment by The Fountains of Hope is at-will and as such the relationship may be terminated by either The Fountains of Hope or me, at any time, with or without notice and with or without cause. I understand that company policies, procedures, practices or statements made during an interview or employment do not create employment contract by implication or otherwise.

This application will be active for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_