



**HOPE
RANCH**
FOR WOMEN

EMPLOYMENT APPLICATION

Equal Opportunity Employer: Any applicant may request a reasonable accommodation by notifying the company during the recruitment process. Each request is considered on a case-by-case basis.

This application does not create a contract of employment, nor does it guarantee employment with the company.

PLEASE PRINT ALL INFORMATION REQUESTED, EXCEPT SIGNATURE

Position Applying for _____ Date _____

Name _____
Last First Middle Maiden

Present Address _____
Number Street City State Zip

Telephone _____ Email _____ Salary Desired _____

How did you hear about this job? _____

Referred by: _____ How many hours can you work weekly? _____

<p>Employment Desired:</p> <p><input type="checkbox"/> Full-time Only <input type="checkbox"/> Open to either full-time OR part-time positions</p> <p><input type="checkbox"/> Part-time Only</p>	<p>Extra availability:</p> <p><input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Nights</p>
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When are you available to start? _____

Are you legally authorized to work in the United States? Yes No

EDUCATION

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major and Degree
HIGH SCHOOL				
COLLEGE				
BUS. OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

CERTIFICATIONS

	CERTIFICATION(S)	ORGANIZATION	STATE	EXPIRATION DATE
1				
2				
3				
4				

WORK EXPERIENCE

Please list your work experience for the **past five years**, beginning with your most recent job held. If you were self-employed, give your firm name. Attach additional files or duplicates of page 3 to your application, if necessary.

NAME OF EMPLOYER	SUPERVISOR NAME	START DATE	END DATE
CITY, STATE	PHONE NUMBER	STARTING PAY	END PAY
POSITION	REASON FOR LEAVING		

May we contact this employer? Yes No

List the jobs you held, duties performed, skills used or learned, advancements or promotions earned while you worked at this company:

NAME OF EMPLOYER	SUPERVISOR NAME	START DATE	END DATE
CITY, STATE	PHONE NUMBER	STARTING PAY	END PAY
POSITION	REASON FOR LEAVING		

May we contact this employer? Yes No

List the jobs you held, duties performed, skills used or learned, advancements or promotions earned while you worked at this company:

NAME OF EMPLOYER	SUPERVISOR NAME	START DATE	END DATE
CITY, STATE	PHONE NUMBER	STARTING PAY	END PAY
POSITION	REASON FOR LEAVING		

May we contact this employer? Yes No

List the jobs you held, duties performed, skills used or learned, advancements or promotions earned while you worked at this company:

OTHER INFORMATION

Have you ever been convicted of a crime? Yes No

If yes, please explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Religious instruction is required as part of this program's core curriculum and is, therefore, a bona fide occupational qualification working for Hope Ranch.

Please list your current religious domination and/or church affiliation:

Do you have a driver's license? Yes No Driver's License Number _____

State of Issue _____ Exp. Date _____ Operator _____ Commercial (CDL) _____ Chauffeur _____

Have you had any accidents in the past 3 years? Yes No How Many? _____

Have you had any moving violations in the past 3 years? Yes No How Many? _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Feel free to attach additional documents to your application, if necessary.

REFERENCES

Please list three references other than relatives.

Name _____

Position / Relationship _____

Company _____

Phone _____ Email _____ Years Acquainted _____

Name _____

Position / Relationship _____

Company _____

Phone _____ Email _____ Years Acquainted _____

Name _____

Position / Relationship _____

Company _____

Phone _____ Email _____ Years Acquainted _____

DRUG TESTING CONSENT

I understand that Hope Ranch for Women has a vital interest in providing and maintaining a healthy and safe working environment for employees and clients and that the use of illegal drugs presents serious health and safety risks.

I understand that Hope Ranch for Women's Drug-Free Work Place Policy prohibits the use of any drug that is not legally obtainable or has not been legally obtained.

I understand that Hope Ranch for Women may choose, at its sole discretion, the method of testing for illegal substances and that if a laboratory is used to analyze the sample collected it will be licensed by the State of Kansas. Testing may also be done on site with appropriate approved testing kits.

I understand that refusal to consent to and participate in such testing automatically will disqualify me from further hiring considerations or continued employment.

I understand that, if an offer of employment is made prior to my submitting to drug testing, that offer shall be contingent upon my subsequently submitting to testing and the receipt of a negative report by Hope Ranch for Women.

I understand that this testing will be paid for by Hope Ranch for Women and that the results of the testing will become and remain the sole property of Hope Ranch for Women.

I understand that, by signing below, I authorize the employees, physicians, or agents of any laboratory which performs this drug testing to release the results and/or reports of any such testing to Hope Ranch for Women and to testify, without limitation, as to all findings of the examination in any legal action, judicial proceeding, or hearing of any type to which I am or may become a party.

I understand that, by signing this form, I hereby release Hope Ranch for Women and any of its board, employees, agents, or directors from any claims, suits, or demands of any kind that may result from such testing.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

By my signature on this Employment Application, I certify that all the information provided by me is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if employed, termination.

I authorize you to request, receive, and verify all information regarding my background and I release to you and the employer providing the information from all liability from any damages that may result from you doing so. I further acknowledge that if I am employed, my employment will be at-will and may be terminated with or without cause at any time by me or by Hope Ranch for Women. I understand that my employment is for no specific duration.

I understand that if I am offered employment, such offer will be contingent upon passing physical, mental assessment, background check, and/or drug screen and I will be required to supply proof of authorization to work in the U.S. I also understand that I will be required to authorize the drug testing firm to provide the results of the required drug test to Hope Ranch for Women.

By signing and submitting this Employment Application, I certify I am genuinely interested in working for Hope Ranch for Women in the position for which I am applying and am submitting this Employment Application for no other purpose. I acknowledge that I read this Employment Application and understand all content.

Signature of applicant _____ Date _____

Thank you for completing this application form and for your interest in working for Hope Ranch for Women.

Please email this completed document, along with any other relevant attachments, to admin@hr4w.com.