

For Office Use Only

Start Date:	_____
	Mo./Day/Year
Ending Date:	_____
	Mo./Day/Year

HOPE CENTER, INC.
Employment Application
www.hopecenterinc.org

**Administration and
Early Childhood Education**

3400 Elizabeth Street
Denver, Colorado 80205

Vocational

3475 Holly Street
Denver, Colorado 80207

Please use type or print in ink. Be sure to answer all questions.

1. Position Applying For: _____

2. Name: _____
First **Middle** **Last**

Have you ever been employed under another name? Yes ___ No ___
If yes, what Name? _____

3. Present Address: _____
Number & Street **City** **State** **Zip**

4. Phone Number: (____) _____ Other: (____) _____

5. Are you 18 years of age or older? _____
If under the age of 18, do you have an employment/age certificate? Yes ___ No ___

6. Social Security Number: - -

7. Are you eligible to work in the United States? Yes No
If yes, can you provide verification? _____

8. Can you meet the attendance requirements for this position? Yes No

8a. Do you know of any reason why you would not be able to perform the essential functions of this job with or without reasonable accommodations? _____

9. Name of person to notify in case of emergency: _____
(____) _____ (____) _____
Phone No. **Other No.** **Address**

10. What date are you available to start work? _____

11. Would you accept temporary work? Yes No For How Long? _____

If you have a Resume, please put "See Resume" on sections asking for Employment History and Education.

22. If the job for which you are applying requires you drive a vehicle, do you possess a current valid Colorado driver's license? Yes No State _____, Type _____

Do you have a vehicle? Yes No

23. Applicant is required to Read and Sign the following statements:

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me in this is true and complete to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact may constitute grounds for unfavorable consideration of my application or dismissal.

Any applicant who knowingly or willfully make a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S, and upon conviction thereof, shall be punished accordingly.

I hereby understand that to be in compliance with the Colorado Department of Human Services Rules and Regulations, HOPE Center must conduct a Criminal Record Check and Central Registry Inquiry on all new employees.

In the event you do not meet State requirements and are ineligible for employment, or if your relationship with HOPE Center terminates within a three-month period, the cost of the inquiries, as set forth by the cost will be absorbed by the agency.

Applicant's Name (Type or Print), Date

Signature of Applicant, Date

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to race, sex, age, color, religion, national origin, sexual orientation, veteran status or any disability as provided in the Americans With Disabilities Act.

THIS APPLICATION WILL REMAIN ACTIVE FOR ONE YEAR.

UPON EMPLOYMENT

I understand that my employment is "at will" and of indefinite duration and that I may terminate employment at any time with or without notice and for any reason, and HOPE Center reserves the right to do the same.

I have read and/or had explained to me and understand the personnel policies of HOPE Center, Inc., and the State of Colorado, as they apply to my position.

Employee's Signature

Date

EMPLOYMT.APP

ORIGINAL 6/64
REVISED 7/07
REVIEWED/REVISED 11/08
REVIEWED 6/09, 11/10, 6/12