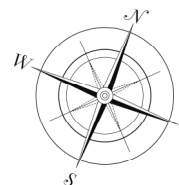


# HOPEWELL

## APPLICATION FOR EMPLOYMENT

Pre-employment Questionnaire



Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

### PERSONAL INFORMATION

Full legal name: _____	Home phone: _____
Address: _____	Business phone: _____
_____	Email address: _____
Social security number: _____	Referred by: _____

### EDUCATION

Check highest grade completed <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
If you did not complete high school, do you have a high school equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check number of years of post high school education <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			
Name of institution	Degree received	Major	Minor
If you expect to complete an education program in the near future, please indicate what type of degree or program and expected completion date:			

**EXPERIENCE** – Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualification for this position. You may list significantly different jobs within the same organization as separate items. If all of this information is contained in a resume – please attach.

May we contact your present supervisor?  Yes  No

<b>Job Title</b> _____	<b>Duties</b> _____
Employer _____	_____
Address _____	_____
_____	_____
Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and title of employees your supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates _____ to _____	Reason for leaving _____
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hrs/week _____	Your name if different from present _____

**LICENSES**

Include driver's license and any certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

**REFERENCES**

List names, addresses, phone number and relationships of three persons not related to you who know your qualifications:

Name	Address/Email	Phone	Relationship	CHECKED BY STAFF

**MISCELLANEOUS**

Are there any restrictions to the days or hours you are willing to work?  Yes  No  
 If yes, what are the restrictions? \_\_\_\_\_

Have you ever had an ethics allegation or charge brought against you?  Yes  No  
 If yes, what was the allegation? \_\_\_\_\_

Are you willing to not smoke while at work?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

Are you 22 years old or over?  Yes  No

When will you be available to start work? (No date is necessary if you are available as soon as you give two(2) weeks notice.)  
 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

**CERTIFICATION**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment at Hopewell. I understand that all information on this application is subject to verification and I consent to criminal history background checks and pre-employment drug screening. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Hopewell to rely upon and use, as it sees fit, any information received from such contacts.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

SUPPLEMENTARY EXPERIENCE FORM

SOCIAL SECURITY NUMBER \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

<b>Job Title</b> _____	<b>Duties</b> _____
Employer _____	_____
Address _____	_____
_____	_____
Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and title of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates _____ to _____	Reason for leaving _____
Full-time    Part-time    Hrs/week _____	Your name if different from present _____
<b>Job Title</b> _____	<b>Duties</b> _____
Employer _____	_____
Address _____	_____
_____	_____
Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and title of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates _____ to _____	Reason for leaving _____
Full-time    Part-time    Hrs/week _____	Your name if different from present _____
<b>Job Title</b> _____	<b>Duties</b> _____
Employer _____	_____
Address _____	_____
_____	_____
Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and title of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates _____ to _____	Reason for leaving _____
Full-time    Part-time    Hrs/week _____	Your name if different from present _____