



Complete all requested information by typing into the fillable fields or printing and writing in ink. Add extra pages if necessary.

General Information	
Today's Date	Date Available for Work
Name: Last First Middle	
Street Address	Telephone (Home):
City State Zip	Telephone (Cell):
Position Desired	Salary Desired
Full Time 40 Hrs per Wk Part Time Less than 40 Hrs	Are you authorized to work in the United States Yes No
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Hope Industrial Systems will verify the status of every individual offered employment with HIS. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.	
Are you under 18 years of age? Yes No	If yes, can you furnish a work permit? Yes No
Are you capable of performing the essential functions of the job for which you are applying, with or without a reasonable accommodation?	Yes No
Have you ever been convicted of a felony? (Note: do not answer yes or provide any information regarding the following: (A) Arrests that did not lead to a conviction, (B) convictions that have been sealed, expunged, dismissed, or otherwise eradicated) _____	
Equal Opportunity Employer Statement Hope Industrial Systems [HIS] is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, HIS complies with applicable state and local laws governing non discrimination in employment in every jurisdiction in which it maintains facilities. HIS also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.	
Work Experience (Start with Current Employer and Continue with Former Employers)	
Employer #1	Street Address
Phone	City State Zip
Supervisor Title	Position
Final Salary	Reason for Leaving
First Day of Employment	Last Day of Employment
May we contact your current employer?	
Employer #2	Street Address
Phone	City State Zip
Supervisor Title	Position
Final Salary	Reason for Leaving
First Day of Employment	Last Day of Employment

Employer #3	Street Address
Phone	City State Zip
Supervisor Title	Position
Final Salary	Reason for Leaving
First Day of Employment	Last Day of Employment

Referral Source	
How did you find out about this position?	Name (If applicable)

Emergency Contact	
In Case of An Emergency, Contact (Name)	Phone Number:

Professional References – List Persons Familiar with your Work Ability (Exclude Relatives)	
Reference Name #1	Phone Number
How Acquainted	How Long
Reference Name #2	Phone Number
How Acquainted	How Long
Reference Name #3	Phone Number
How Acquainted	How Long

Education and Training			
High School Name		City State	
Years Completed	Degree Acquired	Type of Course/Major	
College Name		City State	
Years Completed	Degree Acquired	Type of Course/Major	
Additional Training		City State	
Years Completed	Degree Acquired	Type of Course/Major	
Computer Software			

Additional Inquiries	
Have you ever been dismissed or asked to resign from any employer? If yes, please explain.	
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If employment is offered, can you provide verification of your legal right to work in the U.S.?	
Provide information about community activities, professional trade or service organizations to which you belong with you believe may demonstrate your job related abilities (you may exclude those which indicate race, color, religion, sex, national origin, age, or handicap.)	
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PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to Hope Industrial Systems ("HIS") for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate HIS to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from HIS.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with HIS in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between HIS and me, and that in the event I am hired, my employment will be "at will" and either HIS or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by HIS to its employees is intended to or can create an employment contract, an offer of employment or any obligation on HIS's part. HIS may, at its sole discretion, hold in abeyance, or revoke, amend, modify, abridge, or change any benefit, policy, practice, condition, or process affecting its employees.

References: I hereby authorize HIS and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize HIS and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Signature (*use e-signature or print and sign*)

Date