The Hope Center

Application for Employment

Please Print		
Name:		
Social Security Nur	nber:	Application Date:
Present Address:		
		Alt Phone: ()
Email Address:		
Have you ever been	employed by the So	chool Board of Martin County? Yes No
Have you ever work Yes No		Board of Martin County under a different name?
When are you avail	able to start work? _	
Are you eligible to	work in the United S	States? Yes No
Check positions for	which applying in o	order of preference by sequence (1,2,3,etc)
Full Time	Part Time	Extended Day

	Name and	Course of	Number of	Did you	Degree of
	Location of	Study	years	graduate?	Diploma
	School		completed	Date	
High					
School/Tade					
School					
Vocational/					
Technical					
School					
College/					
University					

The Hope Center is required by law to conduct a criminal background check on every new employee. Please note that disclosure of prior criminal history will not automatically bar employment. However, if this section is not truthfully completed, you may be recommended for dismissal from employment, regardless of when falsification is determined.

Arrest/Revocation Record

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other then a minor traffic violation (DUI is not a minor traffic violation); or are there any criminal charges now pending against you? **Yes No**

Sealed or expunged records must be reported pursuant to s.943.058, FS. Failure to answer this question accurately could cause denial of employment. **A Yes or No answer is required by Florida Law.** If you check the Yes box, you must give information for each charge. Please attach a separate piece of paper if you need more space.

City Where Arrested	State	Date of Arrest	Charge(s)	Dispositions

Have you ever been convicted of a crime or received a penalty from	m a judg	ge or another
law enforcement agency?	Yes	No
Has a penalty or conviction ever been withheld or delayed or has pas the result of your being arrested?	orobation Yes	n been required No
Do you currently have charges pending as a result of an arrest?	Yes	No
Has your driver's license ever been suspended or revoked?	Yes	No
Have you been found guilty of a traffic violation or infraction in the last five years?	Yes	No
Do you have a valid Florida Drivers License? Number:	Yes	No

What is the employment status with your last or current employer?

Employed Resigned Terminated On Leave Suspended Laid Off

Employment History

Please give accurate, complete	e full time employment history for the past three years.
1. Company Name:	Telephone:
Address:	
Name of Supervisor:	Employment Dates:
Job Title and Description:	
Ending Salary:	Reason for Leaving:
2. Company Name:	Telephone:
Address:	
Name of Supervisor:	Employment Dates:
Job Title and Description:	
Ending Salary:	Reason for Leaving:
3. Company Name:	Telephone:
Address:	
Name of Supervisor:	Employment Dates:
Job Title and Description:	
Ending Salary:	Reason for Leaving

Non-Discrimination Notice

The Hope Center complies with and fully supports the Americans With Disabilities Act. We will make reasonable accommodations to any impairment an applicant might have that would make it difficult for that applicant to apply for employment with us. Each applicant will be evaluated on the basis of his/her ability, and no one asking for such accommodations will be discriminated against in any way.

It is the policy of The Hope Center not to discriminate on the basis of religion, race, national origin, color, sex, age, marital status, parental status, or handicap. Discrimination is prohibited in the recruiting, hiring, assigning, promoting, paying, demoting or the dismissing of employees of The Hope Center. Applicants for employment who feel they have been discriminated against may follow the grievance procedure listed in The Hope Center Policies and Procedures.

It is the policy of The Hope Center to provide a workplace free from tensions created by harassing remarks about one's ethnic background, religion, race, sex, marital status, age or disability. Although we have a separate policy on sexual harassment, we restate that no sexual harassment will be tolerated in this company. Anyone engaging in harassment who is in violation of this policy will be subject to severe disciplinary measures up to, and including, termination for the first offense. Violations of this policy should be immediately reported to your supervisor or the Director. No one will be retaliated against for reporting a violation of this policy or for exercising any other rights accorded by law.

Agreement

I certify that I have answered each and every section of this application truthfully and completely. I understand that any incomplete or false information on this application may be just cause for rejection of my application for employment or dismissal in the event this application results in my employment. If employed, I agree to abide by the rules and regulations as set forth by The Hope Center as necessary to the proper conduct of its business.

Signed	Date	