



# APPLICATION FOR EMPLOYMENT

## Renu Hope Foundation

Center of Learning Excellence

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

*Please Print or Type*

Position(s) Applied For		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	Number	Street	City State Zip Code
Telephone Number(s) Home		Cell	Fax
E-Mail Address		Social Security Number (Voluntary)	

- When and where is the best time to contact you? \_\_\_\_\_
- If you are under 18 years of age, can you provide required proof of eligibility to work?  Yes  No
- Have you ever filed an application with RENU HOPE FOUNDATION?  Yes  No
  - If Yes, give date: \_\_\_\_\_
- Have you ever been employed with RENU HOPE FOUNDATION before?  Yes  No
  - If yes, give date: \_\_\_\_\_
- Do any of your friends, relatives, other than a spouse, work for RENU HOPE FOUNDATION?  Yes  No
  - If Yes, state name, relationship and location \_\_\_\_\_
- Are you currently employed?  Yes  No
- May we contact your present employer?  Yes  No
- Are you prevented for lawfully becoming employed in this country because  
of Visa or Immigration Status? *Proof of citizenship or Immigration Status will be required upon employment*  Yes  No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_      What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time (Please indicate 1 2 3 shift)  
 Part Time (Please indicate Mornings Afternoon Evenings)  
 Temporary (Please indicate dates available \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ )

- Are you currently on "lay-off" status and subject to recall?  Yes  No
- Can you travel if a job requires it?  Yes  No

Describe any specialized training, apprenticeship, skills and extra-curricular activities:
Describe any job-related training received in the United State military:
List professional, trade, business or civic activities and offices held:
Additional Information
<b>Other Qualifications</b> (Summarize special job-related skills and qualifications form employment or other experience:

Specialized Skills (Skills/Equipment Operated)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Terminal</td> <td style="width: 33%;"><input type="checkbox"/> Spreadsheet</td> <td style="width: 33%;">Other <i>(list)</i></td> </tr> <tr> <td><input type="checkbox"/> PC/MAC</td> <td><input type="checkbox"/> Word Processing</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Typewriter</td> <td><input type="checkbox"/> Shorthand</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> WPM</td> <td><input type="checkbox"/> WPM</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Other <i>(list)</i>	<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	_____
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<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	_____										
State any information you feel would be helpful to us in considering your application: _____												
_____												
_____												

**APPLICANTS:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been give.       YES     NO

Personal / Professional References (Do not include family members or past supervisors)			
Name	Phone Number	Best time to call	Occupation
1.			
2.			
3.			
4.			

Education				
School	Name and address of school	Course of Study	No. Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Work Experience			
Start with your present job or last job. Include any job-related military service assignments and volunteer activities.			
Employer	Dates Employed		Work Performed
	FROM	TO	
Address			
Telephone Number			
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Employer	Dates Employed		Work Performed
	FROM	TO	
Address			
Telephone Number			
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments: Include explanation of any gaps in employment.**


I certify that my application and all attachments are true and complete to the best of my knowledge. I understand that any incorrect, incomplete or false statements or information supplied by me may, at the discretion of RENU HOPE FOUNDATION, disqualify me from employment, or cause my dismissal. I authorize RENU HOPE FOUNDATION to make a thorough investigation of my past employment and activities. This application is not intended to create, nor is it to be interpreted to constitute, a contract of employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# AFFIRMATIVE ACTION VOLUNTARY INFORMATION

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be kept confidential and used in accordance with applicable laws and regulations.

## APPLICANT INFORMATION *(please print)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
LAST FIRST M.I.

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Male  Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin)  Black (not of Hispanic origin)  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

Please indicate how you heard about the position:

- Walk-in  Government Employment Agency  Private Employment Agency  
 Employee  Relative  School  
 Advertisement – Source \_\_\_\_\_ Other \_\_\_\_\_

Name of person who referred you (if applicable) \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY

Position(s) applied for  Available  Not available

Other positions considered for \_\_\_\_\_

Hired:  Yes  No

Position hired for \_\_\_\_\_ Date of hire \_\_\_\_\_

From the EEO classifications listed below, which one best describes the position filled?

- Officials and Managers  Sales Workers  Operatives (semi-skilled)  
 Professionals  Office and Clerical Workers  Laborers (unskilled)  
 Technicians  Craft Workers (skilled)  Service Workers

Notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_