



APPLICATION FOR EMPLOYMENT HEARTS WITH A MISSION



Hearts With A Mission is an equal opportunity employer. We comply with all applicable Federal, State, and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Applicant will be a (please check appropriate box):

Paid Employee

Volunteer

Position applied for _____ Date _____

GENERAL INFORMATION

Name _____

Last

First

Middle

Address _____

Street Address

City

State

Zip Code

Primary Phone _____ Secondary Phone _____

Email Address _____

Are you legally eligible for employment in this country?

Yes

No

(If offered employment you will be required to provide documentation to verify your "yes" response.)

Are you at least 21 years of age?

Yes

No

Have you been employed with or applied to HWAM before?

Yes

No

If yes, please give details and dates _____

If you are seeking paid employment, check desired position:

Full-Time

Part-Time

Internship

What shifts are you willing to work? (Check all that apply)

Day

Swing

Graveyard

Weekend

Date available to begin work _____

Driver's License Number (if applicable to job duties) _____

List any traffic citations you have received in the last 12 months:

WORK EXPERIENCE- List present and former employers beginning with the most recent.

FROM	TO	EMPLOYER NAME	PHONE
JOB TITLE		EMPLOYER STREET ADDRESS	
SUPERVISOR NAME AND TITLE		CITY	STATE ZIP CODE
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON FOR LEAVING			
HOURLY RATE/SALARY		ENDING:	PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, PLEASE EXPLAIN	
FROM	TO	EMPLOYER NAME	PHONE
JOB TITLE		EMPLOYER STREET ADDRESS	
SUPERVISOR NAME AND TITLE		CITY	STATE ZIP CODE
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON FOR LEAVING			
HOURLY RATE/SALARY		ENDING:	PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
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REASON FOR LEAVING			
HOURLY RATE/SALARY		ENDING:	PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, PLEASE EXPLAIN	

SKILLS AND QUALIFICATIONS- Summarize any other training, skills, licenses, and/or certificates that qualify you to perform the job functions in the position you are applying for.

EDUCATION

SCHOOL	NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	CONCENTRATION/ COURSE OF STUDY
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (GRADUATE, TECHNICAL, MILITARY, GED, ETC.)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES- Not relatives or employers previously listed.

NAME	PHONE	EMAIL
RELATIONSHIP	YEARS KNOWN	
NAME	PHONE	EMAIL
RELATIONSHIP	YEARS KNOWN	
NAME	PHONE	EMAIL
RELATIONSHIP	YEARS KNOWN	

ADDITIONAL INFORMATION- Please answer the following questions.

What do you know about Hearts With A Mission?

Why are you interested in working for Hearts With A Mission?

Have you worked with youth before? Please describe in what capacity and for how long.

If you have worked with youth before, please list any relevant trainings, certifications or workshops:

JOB APPLICANT AGREEMENT- To be completed by all applicants. Please read each section carefully. Afterward, initial where indicated if you agree to be bound to the conditions. Sign your name and date at the end of the document.

(Initials)

_____ I certify that I, the undersigned applicant, have personally completed this application. The answers in this application, and the information contained in any attached resume, are true and complete. I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that giving false information, misrepresenting facts, or material omissions may be grounds for denial or termination of employment regardless of when such facts are discovered.

_____ I authorize an investigation of all statements submitted, including but not limited to work history, educational background, and other matters related to my suitability for employment. I further authorize the references I have listed to disclose information related to my work records without giving me prior notice of such disclosure. I release HWAM, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities related to or arising out of such an investigation or truthful disclosure.

_____ I authorize a criminal background check, child abuse index check, and fingerprint check as a condition of hiring and continued employment. I agree to consent to such test(s) and check(s) at such time as determined by HWAM and release HWAM, its directors, officers, agents, and employees from any claim arising in connection with the use of such test(s) or check(s).

_____ I understand that employment is conditional upon a satisfactory drug test and hereby give my consent. I also understand that if I refuse to take or fail a drug test my employment will be denied or I will be discharged. I agree to submit to random drug and alcohol tests during the course of my employment for HWAM.

_____ If I am hired I understand that I am free to resign at any time, with or without cause and without prior notice, and HWAM reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

_____ If I am hired I will provide proof of identity and legal work authorization.

_____ If my job duties include driving for HWAM, I have provided my driver’s license number on the first page of this application. I understand that my driver’s license number will be verified through the Department of Motor Vehicles and I agree to have my driving record examined.

Your signature acknowledges you have read, initialed, and agree to the material above.

Signature

Date

Equal Opportunity Employer: Qualified applicants will receive consideration for employment without discrimination due to age, sex, religion, marital status, race, color, creed, national origin, or disability.

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HEARTS
WITH-A
MISSION

FAIR CREDIT REPORTING DISCLOSURE

To be given to the applicant

This notice is to inform you that HWAM will be obtaining one or more consumer reports and/or investigative consumer reports (as defined by the Fair Credit Reporting Act) for the purposes of evaluating you for potential employment, reassignment, or retention as an employee.

These reports may contain information related to your credit worthiness, general reputation, personal characteristics, character, former employment record, and criminal background record. They may be obtained from personal interviews with neighbors, friends, associates, or former employers.

It is imperative that you be completely truthful as you complete the background authorization forms. Under the Fair Credit Reporting Act, you may have the right to request additional information regarding the nature and the scope of any investigation initiated by HWAM depending upon HWAM's use of the information.