



EMPLOYEE APPLICATION

Date:	Position:
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Applicants are considered for all positions without regard to race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability.

Employment is terminable-at-will, so that both HopeSource and the employee remain free to choose to end the work contract, and only the Executive Director of HopeSource can enter into a written employment contract.

PERSONAL INFORMATION

First	Last	M.I.	Telephone Number
Address			
City	State	Zip	E-mail Address
Referral Source			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Employment Security	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Security	<input type="checkbox"/> Relative	<input type="checkbox"/> Other, specify:	
Current Employment			
<i>Are you currently employed? Please fill out the following:</i>			
Name of Employer			Phone Number
Position	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		



700 E. Mountain View Ave. Suite 501 Ellensburg, WA 98926 (P) 509.925.1448 110 Pennsylvania Ave. Cle Elum, WA 98922 (P) 509.674.2375 (F) 509.674.5187

EMPLOYMENT INFORMATION

Please answer the following questions.	
Are you interested in: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	On what date would you be available for work?
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked for Hopesource in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date:
Are you on a lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Washington state Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a relative working for HopeSource, serving on any board or committee of HopeSource or actively enrolled in a HopeSource Housing program? If yes, please list (Name/Position):
	Are you a Veteran of the U.S. Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

	High School	College/University	Graduate, Professional, Trade School
School Name			
Grades/Years Completed	9 10 11 12	Fr. Soph. Jr. Sr.	
Degree/Diploma			
Course of Study			

SKILLS & EXPERIENCE

List any professional, trade, business or civic activities and offices held: (You may exclude those which indicate race, color, religion, sex or national origin)		
Indicate any languages you speak, read and/or write, other than English.		
Language	Speak <input type="checkbox"/> Basic <input type="checkbox"/> Fluent	Read <input type="checkbox"/> Basic <input type="checkbox"/> Fluent
	Write <input type="checkbox"/> Basic <input type="checkbox"/> Fluent	
Describe specialized training, apprenticeship, skills, and extra-curricular activities.		
List honors or awards received		



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Please check your skill level for each of the following, using the scale provided below to rate your ability:

Basic – Needs direct supervision

Intermediate – Works independently with occasional supervision

Proficient – Works independently

Office Skills			
Data Entry	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Alphabetical Filing	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Bookkeeping	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Accounting	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Customer Service	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Office Phone Skills	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient

Software Experience			
Word	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Excel	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Graphics programs	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Other:	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient

Physical Abilities			
<i>Please check all of which you are physically capable</i>			
<input type="checkbox"/> Lifting:	<input type="checkbox"/> Standing	<input type="checkbox"/> Sitting	<input type="checkbox"/> Walking
<input type="checkbox"/> 10 lbs. <input type="checkbox"/> 20 lbs. <input type="checkbox"/> 50 lbs.	<input type="checkbox"/> Running	<input type="checkbox"/> Bending	<input type="checkbox"/> Squatting

All Applicants must complete the attached employment history and personal reference forms

All applicants are subject to a criminal background check.

Transportation Department Applicants must provide a Driver's Abstract with application



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This page to be completed only if applying for a Transportation position

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

Have you ever had a drug screening? YES NO

Have you ever violated US DOT Drug & Alcohol regulations YES NO

PAST ADDRESSES (previous three years)

	STREET	CITY	STATE & ZIP CODE	HOW LONG?
1				
2				
3				
4				

EXPERIENCE AND QUALIFICATIONS—DRIVER

DRIVERS LICENSE INFO	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI TRAILOR				
TRACTOR/2 TRAILORS				
OTHER				

ACCIDENT RECORD FOR PAST THREE YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED)

DATE	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (EXCLUDE PARKING VIOLATIONS)

DATE	LOCATION	CHARGE	PENALTY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit, or privilege ever been suspended or revoked? YES NO

*IF THE ANSWER TO EITHER QUESTION A OR B IS YES, ATTACH A STATEMENT GIVING FULL DETAILS

IF YOU HAVE HAD ANY ACCIDENTS OR TRAFFIC CONVICTIONS OR FORFEITURES, FILL OUT NEXT PAGE (VIOLATION & REVIEW RECORD)

VIOLATION AND REVIEW RECORD

Driver's Name _____

Employee Number _____

CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of all traffic violations (including revocation, suspension or withdrawal of an operator's license, but not parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

Operator's License: (Revoked, Suspended, or Withdrawn) _____ Date: _____ Restored: _____		
License Number: _____	State _____	Date: _____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral, during the past 12 months, because of any violation required to be listed.

Driver's Signature Date

Reviewed by: Signature Title

Motor Carrier's Name Motor Carrier's

REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months. Actions taken are detailed below (and on the reverse side of this form if additional room was necessary).

Reviewed by: Signature Title Date

(Form 9 -- Rev. 10-2001)



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Professional References

List only professional references such as co-workers or supervisors. Personal references such as friends or family will not be considered.

Name	Telephone	Years Known
Address	City, State Zip	Relationship:

Name	Telephone	Years Known
Address	City, State Zip	Relationship:

Name	Telephone	Years Known
Address	City, State Zip	Relationship:

I certify that all information I have provided on this job application is complete and correct. I understand that incomplete or incorrect information provided on this application may be cause for my application to be rejected, or in the event that I am hired, may be cause for my immediate release. In addition I authorize HopeSource to contact prior employers listed on this application and further authorize said employers to release any and all relevant information regarding my employment to HopeSource.

Signature: _____

Date: _____

Note: A motor carrier may require an applicant to provide information in addition to this information required by the Federal Motor Carrier Safety Regulations.

*Please return this application with a resume to the HopeSource office at
700 E. Mountain View Ave. Suite 501
Ellensburg, WA 98926*

If you have questions about any portion of this application, please contact 509-925-1448.