



The HOPE Chest of PEKIN

Employment Application

Applicant Information:

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment / Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date Available: _____ Desired Salary: \$ _____

What Position* are you applying for? _____ Birthdate: _____

***Truck Driver Applicant** will need to provide MVR and take a drug screen and physical exam before being hired.
*Anyone being offered a job at the HOPE Chest must pass a drug screen performed by an outside source.

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Are you able to lift 50 lbs. or more?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Education:

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

References:

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

References continued:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Additional Employers: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Military Service:

Branch: _____ From: _____ To: _____ Rank at discharge: _____

Type of Discharge: _____ If other than honorable, explain: _____

Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge. I give my permission for the HOPE Chest personnel to call all references and former employees. _____ initial

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. _____ initial

Yes I understand and comply to take a drug screening prior to employment with the HOPE Chest. A physical exam may be required for some positions. _____ initial

Signature: _____ Date: _____

Printed Name: _____

