



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

## EMPLOYEE APPLICATION

<b>Date:</b>	<b>Position:</b>
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Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual and gender preference, or the presence of a non-job-related medical condition or handicap.

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

<b>First</b>	<b>Last</b>	<b>M.I.</b>	<b>Telephone Number</b>
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>E-mail Address</b>
<b>Referral Source</b>			
<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:	
<b>Have you ever been convicted of a felony?</b> <i>If yes, please explain below.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Current Employment</b>			
<i>Are you currently employed? Please fill out the following:</i>			
<b>Name of Employer</b>			<b>Phone Number</b>
<b>Position</b>		<b>May we contact your employer?</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	



### EMPLOYMENT INFORMATION

Please answer the following questions.	
<b>Are you interested in:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	<b>On what date would you be available for work?</b>
<b>Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you worked for Hopesource in the past?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, give date:</b>
<b>Are you on a lay-off and subject to recall?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Can you travel if the job requires it?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have a valid Washington state driver's license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>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):</b>
	<b>Are you a Veteran of the U.S. Military Service?</b> <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	Read
	<input type="checkbox"/> Basic <input type="checkbox"/> Fluent	<input type="checkbox"/> Basic <input type="checkbox"/> Fluent
		<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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**\*Transportation Applicants - DOT requires that employment for at least 3 years and/or Commercial Driving experience (CDL) for the past 10 years be shown\***

Employment History			
Company	Telephone	Employed (MM/YY) From:                      To:	
Address <span style="font-size: small;">City, State Zip</span>		Salary Start:                      Last:	
Name of Supervisor, Title		Telephone	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title and description of work		Reason for leaving	

Company	Telephone	Employed (MM/YY) From:                      To:	
Address <span style="font-size: small;">City, State Zip</span>		Salary Start:                      Last:	
Name of Supervisor, Title		Telephone	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title and description of work		Reason for leaving	

Company	Telephone	Employed (MM/YY) From:                      To:	
Address <span style="font-size: small;">City, State Zip</span>		Salary Start:                      Last:	
Name of Supervisor, Title		Telephone	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title and description of work		Reason for leaving	

Company	Telephone	Employed (MM/YY) From:                      To:	
Address <span style="font-size: small;">City, State Zip</span>		Salary Start:                      Last:	
Name of Supervisor, Title		Telephone	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title and description of work		Reason for leaving	



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

**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



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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:

Criminal History Information Request		
Applicant Name: First	Last	Middle
Alias/Maiden Name(s):		
Date of Birth: MM/DD/YYYY	Sex:	

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 925-1448.