

# Hope Health Alliance, Inc.

## Universal Application for Employment or Volunteer Opportunity

All personnel must initially complete this form, reference release form, background-check release form, and drug testing release form pre-employment.

Please print or type in blue or black pen. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

### PERSONAL INFORMATION

Name (First, Last, MI) :

Mailing Address:

City:

State:

Zip:

Phone 1

Phone 2

Email

Are you a U.S. Citizen?

Yes

No

Have you ever been CONVICTED of a Felony? If yes, please submit an additional page with details of type and outcome.

Yes

No

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes

No

### POSITION

Position You Are Applying For:

Available start date:

Employment desired:

Full-time

Part-time

Volunteer

**Licensure/Certification (All current or previous in any state)**

**License/Certification Type:**

**Lic./Cert. Number:**

**Lic./Cert. State of Issue:**

**Active**

**Inactive (attach reason)**

**License/Certification Type:**

**Lic./Cert. Number:**

**Lic./Cert. State of Issue:**

**Active**

**Inactive (attach reason)**

**License/Certification Type:**

**Lic./Cert. Number:**

**Lic./Cert. State of Issue:**

**Active**

**Inactive (attach reason)**

**ATTACH ADDITIONAL PAGES IF NECESSARY—You will need to submit a new, current NPDB Query**

**Education (High School/GED/College/Courses)**

School Name	Location	Years Attended	Degree	Major	Minor	Specialties
Course/Class/GED	Location	Dates Attended	Did you Complete?	Credential Attained		
High School Name	H.S. Location	Years Attended	Did you complete?			

**References (Other than those listed on employment history, 4 Required)**

Name (First, Last)	Relationship	Title	Company	Phone

**Work History**

<b>Company Name:</b>		<b>Position Held:</b>	
<b>Address</b>		<b>Contact Person:</b>	
<b>Phone:</b>		<b>Duties:</b>	
<b>Dates Employed:</b>		<b>Terminated</b>	<b>Resigned</b> <b>Other</b>

<b>Company Name:</b>		<b>Position Held:</b>	
<b>Address</b>		<b>Contact Person:</b>	
<b>Phone:</b>		<b>Duties:</b>	
<b>Dates Employed:</b>		<b>Terminated</b>	<b>Resigned</b> <b>Other</b>

<b>Company Name:</b>		<b>Position Held:</b>	
<b>Address</b>		<b>Contact Person:</b>	
<b>Phone:</b>		<b>Duties:</b>	
<b>Dates Employed:</b>		<b>Terminated</b>	<b>Resigned</b> <b>Other</b>

Company Name:		Position Held:	
Address		Contact Person:	
Phone:		Duties:	
Dates Employed:		Terminated	Resigned Other

**ADDITIONAL QUESTIONS**

EVER BEEN TRAINED IN CPR OR FIRST AID BEFORE: YES NO  
SPECIFY TYPES AND WHEN:

EVER HAD A MEDICAL LICENSE OR PROFESSIONAL LICENSE REVOKED OR SUS-  
PENDED: YES NO SPECIFY TYPES AND WHEN:

**I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in  
my application or interview may result in my release at any time.**

Signed Name

Date