

For Office Use Only

Date Called? 1)___/___/___ 2)___/___/___ 3)___/___/___

Notes:

Hope at Work Application

Date: ___/___/___



Our mission is to partner with people who are willing to work towards life changes through employability training, personal accountability, financial responsibility, and healthy social relationships.

The only form of financial assistance through the HOPE Center is the *Hope at Work* program.

As a Hope at Work Program employee, you agree to the following program requirements:

- Weekly Budget and Life Coaching
- Weekly meetings with a Mentor
- Weekly Celebrate Recovery meetings,
- Random drug/alcohol testing, zero-tolerance policy
- If applicable, GED tutoring
- 30+ hours per week required. Wage starts at \$10.50 with raises available

If you agree to these program requirements, please continue to fill out this application.

Name _____ age _____ Phone _____

Email _____ Message Phone _____

Address _____

Spouse's name _____ age _____ Roommate's name _____ age _____

How many people live in your home? _____ How many children? _____ Children's ages? _____

The Hope at Work program is only full-time work. Are you looking for full-time work? ___ Yes ___ No

Are you currently on unemployment? Yes No Do you receive SSI or SSDI payments? Yes No

Please tell us more about yourself: (Applications with blanks will be discarded)

Why would you like to be involved in the Hope at Work Program? _____

What educational goals do you have? (GED, reading comprehension, etc) _____

What goals do you have for money management? _____

What long-term employment goals do you have? _____

Do you currently receive State/ Federal assistance? Circle all the apply:

Section 8, Food stamps, TANF, rental help, medical, childcare, WIA resources, Sojourners Alliance, Drug Court, Other: _____

Employment Experience:

1. Employer: _____ Direct Supervisor: _____
Phone and/or E-mail: _____ City, State: _____
Start Date: _____ End Date: _____
Your Duties: _____
Why did you leave? Voluntary Termination _____ Involuntary Termination _____
Please explain: _____

2. Employer: _____ Direct Supervisor: _____
Phone and/or E-mail: _____ City, State: _____
Start Date: _____ End Date: _____
Your Duties: _____
Why did you leave? Voluntary Termination _____ Involuntary Termination _____
Please explain: _____

I _____ authorize the Program Manager of the Hope at Work program to contact my references as well as contact and share information with community resources as it pertains to the program and my potential employment.

This job is physical in nature, requiring standing for long periods of time and lifting heavy objects
Is there any type of work you cannot perform? (Circle one) Yes No
Please Explain: _____

Can you provide proof that you are eligible to work in the United States? (Circle one) Yes No

Do you have transportation to work? (Circle one) Yes No

Education: GED? _____ High School Diploma? _____ Some College? _____ Major and/or Diploma? _____
Trade School or other educational experience? _____

Felonies? (If yes, please fill out the Felony Addendum) Yes No

If you are in agreement with these requirements, and are applying for this program, please sign and date below:

Signature: _____ Date: ____/____/____

Felony Addendum

1. What was your felony? drug/alcohol, violence, theft, sexual, or other

2. When did the offense occur?

3. Are you currently on probation?

4. What are the restrictions of your probation?

5. How do you see this felony affecting your employability?

The above statements are full disclosure of my felony history. While in the Hope at Work Program I agree to be in compliance with my probation restrictions and any restrictions set up by my Hope at Work team.

Signature _____ Date _____