

Hope Academy  
Application for Employment

Position: \_\_\_\_\_ Date: \_\_\_\_\_  
Hours Available for Employment (Monday – Friday): \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Salary Requirements: \_\_\_\_\_ Resume Attached? Yes No

What experience do you have in relation to this position?

Highest level of education: \_\_\_\_\_ Date Completed: \_\_\_\_\_

School: \_\_\_\_\_

Other relevant degrees or certificates: \_\_\_\_\_

Are you current in CPR? Yes No If yes, date of last certification: \_\_\_\_\_

Have you had any experience with individuals with special needs? Yes No

If yes, please elaborate: \_\_\_\_\_

Are you currently employed? Yes No If yes, why are you looking for a different position? \_\_\_\_\_