



H.O.P.E. THROUGH DIVINE INTERVENTION
 Volunteer Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available	Social Security No.		Will Obtain if Selected	Salary desired: \$(specify hour, week,	
For what position are you applying?			Schedule desired (FT, PT, #of hrs per week):		
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 so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION					
High School		City and State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		City and State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		City and State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
List any Certificates earned or in progress, And/or any additional training programs:					
List any Professional Affiliations in which you belong (please do not list activities which would indicate age, sex, color, race, creed, sexual orientation, political belief, national origin, disability, or family):					

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

Full Name	Relationship
Company	Phone ()

PREVIOUS EMPLOYMENT <i>(LIST YOUR MOST CURRENT EMPLOYER FIRST)</i>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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

READ CAREFULLY

Releases

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Additionally, I understand that the H.O.P.E. Through Divine Intervention, Inc. may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. Furthermore, I understand that connection with my application for employment with H.O.P.E. Through Divine Intervention, Inc. (HTDI), I am required to consent, in writing, to the issuance to HTDI of a Consumer Report and an Investigative Consumer Report about me. Certain information about these two kinds of reports and my rights under the federal Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.* have been provided to me. **I have read this information carefully. I understand that if I have any questions about these reports, I may contact HTDI Human Resources Department at 404-748-4375.**

Initials: _____

I authorize, without reservation, any party or employer contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar causes of action, against anyone providing or seeking such information. This authorization and consent shall be valid in original, fax, or copy form.

All hiring and employment at HTDI is at-will. I understand this application is not an employment contract, nor can it be used to create one. Employment by **HTDI** has no specific term and may be terminated by the employee or **HTDI** with or without notice. I acknowledge that **HTDI** has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with **HTDI**, and that failure to provide this evidence will result in the termination of my employment.

I understand that if I am offered a position with **HTDI**, I may be required to have a drug test. If a drug test establishes the use of illegal substances, the offer of employment will be withdrawn.

I release and agree to hold harmless any individual, employer, business institution or government employer from all liability with regard to furnishing information to **HTDI**. I agree to release and hold harmless **HTDI** from all liability with respect to the receipt of such information.

I certify that I have and will provide information throughout the hiring process, including the information on this application form and in interviews that is true and complete. I further certify that I have and will answer all questions to the best of my ability and that I have and will not withhold any information that would unfavorably affect my application for employment. I understand that if any misrepresentation or omission has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment may be terminated.

Applicant's Signature Date