



**The HANDS Program**  
**EMPLOYMENT APPLICATION**

POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(\_\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_

EMAIL: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES?  YES  NO

ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK  YES  NO

**EMPLOYMENT EXPERIENCE: (PLEASE BEGIN WITH MOST RECENT)**

**EMPLOYER #1**

DATES OF EMPLOYMENT: START \_\_\_\_\_ END \_\_\_\_\_

EMPLOYER NAME: : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(\_\_\_\_\_) \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_  HOURLY  SALARY RATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

IF CURRENT EMPLOYER, MAY WE CONTACT THEM?  YES  NO

**EMPLOYER #2**

DATES OF EMPLOYMENT: START \_\_\_\_\_ END \_\_\_\_\_

EMPLOYER NAME: : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(\_\_\_\_) \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_  HOURLY  SALARY RATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER #3**

DATES OF EMPLOYMENT: START \_\_\_\_\_ END \_\_\_\_\_

EMPLOYER NAME: : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(\_\_\_\_) \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_  HOURLY  SALARY RATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER #4**

DATES OF EMPLOYMENT: START \_\_\_\_\_ END \_\_\_\_\_

EMPLOYER NAME: : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(\_\_\_\_) \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_  HOURLY  SALARY RATE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EDUCATION:**

SCHOOL

DATES ATTENDED

DEGREE RECEIVED

MAJOR

| SCHOOL | DATES ATTENDED | DEGREE RECEIVED | MAJOR |
|--------|----------------|-----------------|-------|
|        |                |                 |       |
|        |                |                 |       |
|        |                |                 |       |
|        |                |                 |       |

DESCRIBE YOUR SPECIAL QUALIFICATIONS FOR THIS JOB:

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO

IF YES, PLEASE EXPLAIN BELOW.

## REFERENCES

### REFERENCE #1

TYPE OF REFERENCE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

### REFERENCE #2

TYPE OF REFERENCE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

### REFERENCE #3

TYPE OF REFERENCE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

### PLEASE ATTACH RESUME AND TRANSCRIPTS.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND AGREE TO ALL INFORMATION INCLUDED IN THE ABOVE APPLICATION.

SIGNATURE OF APPLICANT: \_\_\_\_\_

PRINTED NAME OF APPLICANT; \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

**PLEASE RETURN YOUR APPLICATION AND ATTACHMENTS TO:**

The HANDS Program

Attn: Courtney King

300 Shadow Wood Park, Suite 100

Hoover, AL 35244

FAX: 205-533-7910 EMAIL: [cking@thehandsprogram.org](mailto:cking@thehandsprogram.org)

[thehandsprogram.org](http://thehandsprogram.org)