



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

PLEASE SELECT THE LOCATION YOU ARE APPLYING FOR:

- BIRMINGHAM, AL
- TUSCALOOSA, AL
- ALEXANDER CITY, AL

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

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
PHONE: 205-733-0976 FAX: 205-533-7910
EMAIL: Cking@thehandsprogram.org
thehandsprogram.org