



Employment Application

HPCCM is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, sex, national origin, age, familial status, religion, or the presence of a non-job-related medical condition.

Personal Information

Last Name		First	Middle
Street or 911 Address		City	Zip
Mailing Address (if different from above)		City	Zip
Daytime Phone	Evening Phone	Cell Phone	Email

General Information

Date of Application _____ Position(s) applied for: _____

Type of Employment Desired: _____

Check all as applicable: Full time Part time Permanent Temporary/Seasonal

Shifts Available to Work:

Check all as applicable: Daytime (M-F, regular business hours) Afternoon/Evenings Overnight Weekends

What date are you available to begin work? _____

Are you a veteran? Yes or No If yes, which branch? _____

Are you legally able to work in the U.S., which will be verified by the completion of an I-9 form and/or work permit? Yes or No

Do you have a valid driver's license/state issued ID? Yes or No

Would you be willing to drive on HPCCM's behalf? Yes or No

Have you been employed at HPCCM before? Yes or No

If yes, give job title, program, supervisor, and dates employed: _____

Have you ever been convicted of or pled guilty to a felony charge? Yes or No

If yes, please attach an explanation.

Are you or have you ever been debarred from doing business with the federal government? Yes or No

If yes, please attach an explanation.

Do you have any relatives (by blood or marriage) currently on HPCCM's Board of Directors? Yes or No

If yes, please state the Board member's name and your relationship to him/her: _____

HPCCM's by-laws do not allow the employment of the relatives of Board members.

Education

Please check levels of education attained, as applicable OR

Please see attached resume.

High School

Check one: High School Diploma or GED

Name of High School Attended

City/State

College

Associates Degree or Certification

N/A

Current student: degree/certification: _____

No. of hours completed: _____

Not currently a student Have not completed program

Have earned a degree or certification: _____

Name of College Attending or Attended

City/State

Bachelors Degree

N/A

Current student: degree/certification: _____

No. of hours completed: _____

Not currently a student Have not completed program

Have earned a degree or certification: _____

Name of College Attending or Attended

City/State

Masters Degree

N/A

Current student: degree/certification: _____

No. of hours completed: _____

Not currently a student Have not completed program

Have earned a degree or certification: _____

Name of College Attending or Attended

City/State

Doctorate Degree

N/A

Current student: degree/certification: _____

No. of hours completed: _____

Not currently a student Have not completed program

Have earned a degree or certification: _____

Name of College Attending or Attended

City/State

Skills/Abilities/Interests

Please describe specific skills, abilities, and/or interests you feel you would bring to this position and HPCCM.

Special Awards

Please list any awards you have received in the course of your professional or personal life OR Please see attached resume.

Work Experience

Please list your present or most recent job first OR Please see attached resume.

Job Title	Employer	Name of Supervisor	May we contact him/her?	Daytime Phone	Dates Employed	Describe your duties
1.						
2.						
3.						
4.						
5.						

Practicum or Volunteer Experience (if applicable)

Please list your present or most recent position first OR Please see attached resume OR N/A.

Volunteer Title	Organization	Name of Supervisor	May we contact him/her?	Phone	Dates Volunteered	Describe your duties
1.						
2.						
3.						

Professional References

We reserve the right to contact the people listed below prior to making a job offer. Please make sure the information below is current.

Name	Employer	Professional Relationship to You	Daytime Phone	Email Address
1.				
2.				
3.				

Child Development Center caregiver applicants:

1) I am capable of lifting up to 60 pounds. _____
Initial here

2) I understand that I will need to take a tuberculosis skin test. _____
Initial here

All Applicants

I understand that I will be subject to a background check for child abuse/ neglect and criminal registries. _____
If you think the registry may return an incident, please attach an explanation. Initial here

I understand that all HPCCM locations are drug-free workplaces, and that I may be subject to a drug test both upon hire and throughout my employment. _____
Initial here

I understand that in the course of my duties at HPCCM, I may encounter confidential information regarding clients, customers, employees, and donors. I agree to keep all sensitive information confidential to my co-workers and supervisor. Upon orientation, I will review the Policies and Procedures manual regarding HPCCM's Confidentiality and Code of Ethics policies. I understand that any breach of confidentiality on my part may result in the engagement of the disciplinary process, up to and including termination. _____
Initial here

I certify that all information I have provided is true. I understand that any false statement in this application may result in the rejection of the application or termination of employment. I authorize HPCCM to make any investigation necessary to verify the information provided in this application.

Signature

Date

Office Use Only

Employee Last Name First Middle

Interview Date: _____ Interviewer(s): _____

Notes:

Position applied for: _____ Supervisor: _____

Check all as applicable: Full time Part time Permanent Temporary/Seasonal

Schedule: _____ Start Date: _____

Hourly rate: _____
OR
 Salaried rate: _____

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