

## **Staff Application**

The Hope Center is committed to following extensive procedures in the recruitment, vetting, selection and training of all staff members or prospective staff members serving within Hope Center ministries. We believe that one way to help ensure the protection and safety of our clients, youth, staff, and servants is by maintaining very specific screening and selection procedures and processes. The following application is one of the first steps we've taken to ensure the safety of all those visiting the Hope Center or participating in some way with one of our programs.

## **Applicant Information**

Applicant Ful	l Name:				
					ay:
Phone:		Email:			
Address:					
City:				_State:	Zip Code:
Best way to re	each you (circle on	e): phone	email	text	
Can we comr	nunicate with you	via text (circle one)?:	yes	no	
Would you like	e to receive text an	d/or email updates (cir	rcle one):	yes	no
Occupation:		Employer	·:		
Relationship	Status:	Spouse Name	if Applicab	le:	
Home Church	n:				
Pastor's Nam	ne:		Pastor	's Contact:	
Number in ho	ousehold from:	0-17 18-3	0	31-59	Over 60
Are you curre	ently being assisted	I by any of the following	g programs	s: (circle all that	t apply)
Ohio Works F	First WIC	Public Childe	are	Head Start	Medicare/Medicaid



Social Security Number:		Date	Date available to start:					
Desired Salary: \$	Positio	n Applying For:						
Are you a US citizen?:	YES NO	Are you eligible for work in the	ne United States?:	YES	NO			
Have you ever worked for	the Hope Center?	: YES NO If yes, when	າ?:					
Have you ever been conv	ricted of a felony? If	f yes, please explain. YES	NO					
					_			
Education								
High School:		City/State:						
Dates Attended:	to	Did you graduate?:	YES NO					
Diploma:								
College:		City/State:						
Dates Attended:	to	Did you graduate?:	YES NO					
Diploma:								
Other:		City/State: _						
Dates Attended:	to	Did you graduate?:	YES NO					
Diploma:								



## References

Please provide three professio	nai references:				
Full Name:	Relationship:				
Company:	Phone:				
Address:					
Full Name:	Relationship:				
Company:	Phone:				
Address:					
Full Name:	Relationship:				
Company:	Phone:				
Address:					
Previous Employment  Company:	Supervisor:				
Phone:	Email:				
Address:					
	Starting Salary: \$ Ending Salary: \$				
Responsibilities:					
Dates Employed: from	to Reason for Leaving:				

May we contact this employer?: YES NO



Company:	Supervisor:					
Phone:	Email:					
Address:						
Job Title:	Starting Sala	ry: \$ Ending Salary	: \$			
Dates Employed: from	to	Reason for Leaving:				
May we contact this employer?						
Company:		Supervisor:				
Phone:	Email:					
Address:						
Job Title:	Starting Sala	ry: \$ Ending Salary:	: \$			
Dates Employed: from	to	Reason for Leaving:				
May we contact this employer?	P: YES NO					
Military Service (if appl	licable)					
Branch:		Years Served: from	to			
Rank at Discharge:	]	Discharge:				



## Please help us get to know you by completing the questions below

1. Why do you want to serve on staff at the Hope Center?
2. What do you hope to gain by serving on staff at the Hope Center?
3. What experience, if any, do you have serving or working with students or children?
4. Please list any experience you may have in ministry, volunteering, or advocacy especially.
5. What are you passionate about?
6. What are your strengths?
7. What are your weaknesses?



8. If you had to describe	yourself usin	g no mo	ore than	5 words	s, they would	l be	
9. On a scale of 1 (unknowarious mental health	_				_	_	eable are you about
	1	2	3	4	5		
10. On a scale of 1 (uncor students who have va despondency, social a problems, broken fam	arious mental anxieties, lon	health/ eliness	poverty /isolatio	issues. n, low s	(Examples elf-worth, an	may include de ger, behavior i	epression, ssues, academic
	1	2	3	4	5		
11. On a scale of 1 (uncor							
	1	2	3	4	5		
12. On a scale of 1 (unco Gospel message with							-
	1	2	3	4	5		
13. Please list any addition Board in getting to kr		on abou	ut yours	elf that	might assist	the Directors <sup>-</sup>	Feam and
Disclaimer and Signa	ture						
I certify that my answers are temployment, I understand the release.		-		-	_		
Signature:						Date:	