



| APPLICANT INFORMATION | | | |
|---|------------------------------|-----------------------------|---|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Desired Salary | | |
| Position Applied for | | | |
| 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? |

| EDUCATION | | | |
|-------------------|------------------------------|-----------------------------|--------|
| High School | Address | | |
| Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | Address | | |
| Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | Address | | |
| Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

| REFERENCES | |
|---|---------------|
| <i>Please list two professional references and one personal reference.</i> | |
| Full Name | Title |
| Company | Phone () |
| Address | |
| Full Name | Title |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| HOPES CAP, Inc. reserves the right to check references and publicly available information. | |

| PREVIOUS EMPLOYMENT | | | |
|---|--------------------|--------------------|--|
| 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"/> | | | |

| DISCLAIMER AND SIGNATURE | |
|---|------|
| <p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I hereby give HOPES CAP, Inc. the right to verify my driving record, employment, education and activities. I indemnify HOPES CAP, Inc. against any liability that might result from making such investigations. If this application leads to employment, I understand that false or misleading information in this application, or any other required document or interview, may result in my release.</p> <p>I understand and acknowledge that, if hired, my employment is for no definite period and either the employer or I may terminate our relationship at-will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.</p> <p>I understand that employment with HOPES CAP, Inc. may require that I willingly participate and successfully pass any and all required drug tests, background tests, Post Accident Alcohol Tests and/or driver license checks. In addition, I realize that final acceptance for any on board positions may require successful passage and outcomes of any and all of these checks. By signing below I understand the aforementioned terms of a potential employment offer and agree to allow all results of these screens to be sent to and reviewed by HOPES CAP, Inc.</p> | |
| Signature | Date |