

SHILOH'S HOPE, INC
1304 Marshall St. Suite #1, St. Peter, MN 56082
APPLICATION FOR EMPLOYMENT

(Shiloh's Hope reserves the right to do pre-employment, random, for cause, post accident and return to duty drug testing)

Please print clearly:

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____ Work: _____

Title of Job Applying For: _____ How You Heard About the Job: _____

EDUCATION:

| Name and Location of High School, College, Technical, Business or Trade School | List Major or Program Title, or Minor | Degree or Certificate |
|--|---------------------------------------|-----------------------|
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| | | |

WORK EXPERIENCE:

1) Current or most recent experience:

Name of Organization: _____ Supervisor: _____

Employment Dates: From: _____ to _____ Job Title: _____

Can we call this employer: Yes _____ No _____ Phone number: _____

Supervisor E-mail: _____ Employer's Address: _____

If No, why: _____

Identify major activities, duties, responsibilities: _____

Reason for leaving: _____

2) Second most recent experience:

Name of Organization: _____ Supervisor: _____

Employment Dates: From: _____ to _____ Job Title: _____

Can we call this employer: Yes _____ No _____ Phone number: _____

Supervisor E-mail: _____ Employer's Address: _____

If No, why: _____

Identify major activities, duties, responsibilities: _____

Reason for leaving: _____

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3) Third most recent experience:

Name of Organization: _____ Supervisor: _____

Employment Dates: From: _____ to _____ Job Title: _____

Can we call this employer: Yes _____ No _____ Phone number? _____

Supervisor E-mail: _____ Employer's Address: _____

If No, why: _____

Identify major activities, duties, responsibilities: _____

Reason for leaving: _____

Do you hold a current valid driver's license: Yes _____ No _____

If hired, can you provide proof of insurance: Yes _____ No _____

List 3 References (not related) and Telephone #:

APPLICANT WAIVER (All job applicants must sign)

I hereby certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or myself.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

Signature of Applicant: _____ Date: _____

Signature of Shiloh's Hope Representative: _____ Date: _____