

P.O. Box 2370/ 111 Mountain View St. Weaverville, CA 96093 (530) 623-2024/ Fax (530)623-6343

www.HRNtrinity.org

e-mail: hrn@hrntrinity.org

EMPLOYMENT APPLICATION

To apply, submit a complete application package including a cover letter, resume, and signed application.

Late and/or incomplete application packages will not be accepted.

POSITION APPLYING FOR _	DATE OF AVAILABILITY						
Name							
		City		State Zip			
Cell Phone		Home Phone		Email			
EDUCATIONAL BACKGROUN	ND						
High School Graduate: ☐ Y	ES 🗖 NO (or GED: 🗖 YES 🗖 NO					
University/College		Area of Study		Degree			
		. 6. 0					
WORK HISTORY (Current or	most recer	nt first)			<u> </u>	<u> </u>	
Organization/Company			Start Date		<u> </u>	End Date	
Position			Supe	ervisor	 		
Address					Phone		
Reason for Leaving							
May we contact this emplo	yer for a re	eference?	□ NC)			
Organization/Company			Starf	t Date		End Date	
Position			Supe	ervisor			
Address					Phone		
Reason for Leaving							
May we contact this emplo	over for a re	oference?)			



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WORK HISTORY cont'd					
Organization/Company			Start Date		End Date
Position			Supervisor		
Address				Phone	
Reason for Leaving					
May we contact this employ	ver for a reference?	☐ YES	□ NO		
COMMUNITY/VOLUNTEER W	ORK (POSITION RELATE	D)			
PROFESSIONAL ORGANIZATION	ONS				
DRIVER'S LICENSE					
Do you have a valid Californi	ia Driver's License? 🗖 YE	S 🗆 NO			
If no, do you have the al	bility to obtain one? 🗖 YE	S 🗆 NO			
Have you ever been denied	a license, permit, or privil	lege of operating a	motor vehicle	? 🗆 YES	□ NO
PROFESSIONAL LICENSES / SI	PECIAL CERTIFICATES				
Number	Туре			Exp	oiration Date
PROFESSIONAL REFERENCES.	List below three persons	not related to you	ı who have kno	owledge o	f your work performance.
Name	Address	Pho	ne	Re	lationship
How did you hear about the	ioh?				



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Please rea	d carefully. Initial each paragraph and sign below.
 Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initials	I hereby authorize HUMAN RESPONSE NETWORK (HRN) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to HRN any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release HRN, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
Initials	I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and HRN. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or HRN, and that no promises or representations contrary to the foregoing are binding on HRN unless made in writing and signed by me and the Executive Director. This application does not constitute an agreement or contract for employment for any specified period or definite duration.
 Initials	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.
	sponse Network will consider qualified applicants, including those with criminal histories, in a manner with state and local "Fair Chance" laws.
identity, g	ns invited from all qualified individuals without respect to age, race, color, religion, sex, gender, gender ender expression, sexual orientation, marital status, national origin, ancestry, disability, medical condition, military status, or any other characteristic protected by law.
alcohol is _l	aware the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance or prohibited with Human Response Network's workplace. Employees who violate this prohibition are subject to y action and possible dismissal.
 Date	Applicant's Signature

Applicant's Printed Name