



## Application for Enrollment

Our policy is to provide equal enrollment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date \_\_\_\_\_

Students Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Gender: Male/Female

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Personal Email Address \_\_\_\_\_

How did you hear of this program? \_\_\_\_\_

When can you start? \_\_\_\_\_

What hours are you available? \_\_\_\_\_

Are you able to train on Saturdays?  Yes  No

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you able to stand for 8 hours at a time?  Yes  No

Can you safely lift 50 pounds?  Yes  No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes  No

If yes, please describe conditions. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For the betterment of our guests and other team members, this is a NO-Tolerance Drug Free and Smoke Free workplace. Are you willing to take a drug test before starting, as well as randomly throughout the term of your training?  Yes  No

415 Church Street, Suite E-5, Huntsville, AL 35801

[www.servinghopeinc.org](http://www.servinghopeinc.org)

(256) 532-5282 [julie@servinghopeinc.org](mailto:julie@servinghopeinc.org)

**Education**

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History (Start with most recent employer)**

1. \_\_\_\_\_

Date Employed	Business Name	Supervisor Name & Phone
Reason For Leaving	_____	_____

2. \_\_\_\_\_

Date Employed	Business Name	Supervisor Name & Phone
Reason For Leaving	_____	_____

3. \_\_\_\_\_

Date Employed	Business Name	Supervisor Name & Phone
Reason For Leaving	_____	_____

**References**

1. \_\_\_\_\_

Name	Relationship	Phone
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2. \_\_\_\_\_

Name	Relationship	Phone
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3. \_\_\_\_\_

Name	Relationship	Phone
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I certify that the facts set forth in this application for traineeship with Serving Hope, Inc. are true and complete to the best of my knowledge. I understand that if I am taken on as a student, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that training at this company is "at will," which means that either I or this company can call for dismissal from this program at any time, with or without prior notice, and for any reason not prohibited by statute. All training is continued on that basis. I understand that no training supervisor, or managerial staff of Serving Hope, other than the Executive Director, has any authority to alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_