



HERO PROGRAM
 1649 Linwood Loop, Opelousas, LA 70570
 Toll Free: 1-888-706-1870

Employment Application

Position(s) applying for		Date of application	
Last name		First name	Middle Initial
Address		City	State Zip
Telephone number	Alternate number	Social Security No.	Driver's License No. / State
How did you hear about us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employer <input type="checkbox"/> Other			

Are you legally eligible to work in the United States? Yes No
 (Proof of eligibility will be required upon off of employment)

Are you over the age of 18 years? Yes No
 (If no, you will be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? Yes No
 (If you have any questions about the functions of the job you are applying for, please ask the interviewer before answering)

Have you ever applied to HERO Program before? Yes No

Have you ever worked for HERO Program before? Yes No
 If yes, please list dates:

Are you related to anyone employed by HERO Program? Yes No
 If yes, please list names and relationship to you:

Do you have a valid driver's license? (driving positions only) Yes No

Have you ever been convicted of any moving violations in the past 5 years? Yes No
 If yes, please explain:

Have you ever been fired or asked to resign from a job? Yes No
 If yes, please explain:

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify employment) Yes No
 If yes, please explain:

What salary or rate of pay do you expect if employed? per _____

What date are you available to start work?

Have you ever received any job-related training in the United States Military? Yes No
 If yes, give dates and explain:

Day and hours available to work: (If employed, I will notify my supervisor in writing should my availability change)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
AM								
PM								

EMPLOYMENT HISTORY

Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation with HERO Program.

Company Name	Dates of Employment	Salary	Name & Title of Supervisor
Address			Telephone Number
Briefly describe your duties			
Reason for leaving with explanation			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Dates of Employment	Salary	Name & Title of Supervisor
Address			Telephone Number
Briefly describe your duties			
Reason for leaving with explanation			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Dates of Employment	Salary	Name & Title of Supervisor
Address			Telephone Number
Briefly describe your duties			
Reason for leaving with explanation			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any specialized training, apprenticeships, licenses or skills:

EDUCATION

	Name & Location	Course of Study	# of Years	Dip / Degree
Elementary				
High School				
College				
Graduate				
Vocational				

List any academic honors, scholarships, offices held, etc (DO NOT list any which will reflect your race, color, religion, gender, national origin, age, disabilities or veteran status)

PERSONAL REFERENCES

Name	Contact Number
Address	
Relationship	Years known

Name	Contact Number
Address	
Relationship	Years known

Name	Contact Number
Address	
Relationship	Years known

APPLICATION ACKNOWLEDGEMENT AND AUTHORIZATION

*** PLEASE READ CAREFULLY BEFORE SIGNING ***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by HERO Program, that such employment with HERO Program is at will, for no specified duration and may be terminated by either HERO Program or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions and statements of HERO Program or its representative used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of HERO Program, except the President, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing standards and that any such agreements must be made in writing and signed by the President of HERO Program.

In consideration for employment with HERO Program, if employed, I agree to conform to the rules, regulations, policies and procedures of HERO Program at all times and understand that such obedience is a condition of employment. I understand that due to the nature of HERO Program business, attendance and punctuality are considered essential requirements of every job position and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with HERO Program, I may be required to submit to pre-employment medical examination. Drug screen and background check is a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with or any attempts to affect the results of these pre-employment tests and checks will result in the withdrawal of any employment offer and/or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to HERO Program and/or any of its representatives or agents. I release all parties involved from any and all liability for any and all damage that result from providing such information.

I understand that this application is considered for three (3) months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

* By signing below I acknowledge that I have read, understood and agree to the above statements *

Signature

Date

Name and telephone number of person completing this application if other than job applicant:

HERO PROGRAM IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW(S).