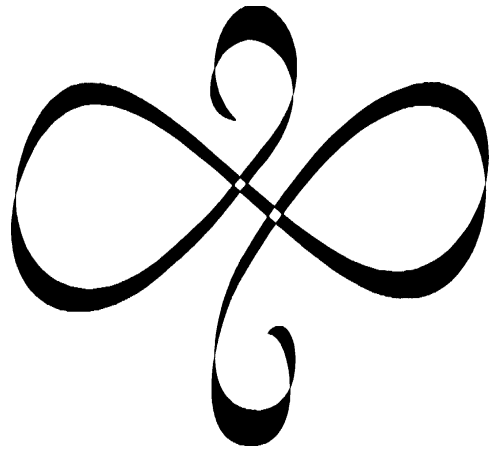


**H.O.P.E. Inc.**



**Hargrove Oliver and  
Parker Enterprises  
Inc.**

***JOB APPLICATION***

Dear Applicant,

Please fill out the following information completely. The information requested will play a critical role in the hiring process, and omitting information could result in your application being considered incomplete. Please note, do not write "refer to resume" in the job history section. Again, if this section is not filled out completely, your application will be considered incomplete. Thank you for your interest in working for HOPE Inc. and good luck.

Sincerely,

Management

## EMPLOYMENT APPLICATION FORM

### Personal Information

Full Name	DOB	SS#
Address	City, State	Zip
Email	Phone #	

**Employment Desired** Place an "X" beside Yes or No for the desired response

Position/s applying for:1	2.	
Date you can begin:	Salary Desired	
Are you currently employed	Place an "X"YES	NO
If yes, may we contact employer	YES	NO
Employment sought:	Full-time	Part-time
Can you, at the time of employment, submit verification of your legal right to work in the United States?	YES	NO

### Education

High School	Location	Graduate?	YES	NO
College	Location	Graduate?	YES	NO
Major				
College	Location	Graduate?	YES	NO
Major				
Trade/Business/Graduate School			Location	
Graduate? Place an "X"	YES	NO		
Major				
Please Answer:	Why are you interested in becoming an employee with HOPE, Inc.?			
What are your career goals?				
Where did you get the information about the position?				

**Employment History- list most recent first**

Company Name	Supervisor	Position
Address	City, State, Zip	Telephone #

Responsibilities:		
Dates of Employment:		Reason for Leaving:

Company Name	Supervisor	Position
Address	City, State, Zip	Telephone #
Responsibilities:		
Dates of Employment:		Reason for Leaving:

Company Name	Supervisor	Position
Address	City, State, Zip	Telephone #
Responsibilities:		
Dates of Employment:		Reason for Leaving:

Company Name	Supervisor	Position
Address	City, State, Zip	Telephone #
Responsibilities:		
Dates of Employment:		Reason for Leaving:

References – list 3 professional references that are familiar with your work-related skills.

Name	Name of Company	Company Address	Telephone #	Years Acquainted

## Employment Policies and Release Form

There are a number of HOPE, Inc. policies that an applicant needs to know about and agree to before being employed. There also are a number of activities that HOPE, Inc. may want to instigate as part of the review and investigation of the appropriate background information on an applicant. The purpose of this document is to present these policies and investigative activities to the applicant to ensure that they are understood and agreed to at the time the application is submitted.

We, therefore, ask that you please read, complete, and sign this form before you complete the Application for Employment.

### Policies

Among the policies that have been adopted at HOPE, Inc., the following we believe are important for an applicant to know in advance of employment. These are listed below. Your signature on this Release Form indicates that you have read, understand, and would agree to operate under these policies if employed at HOPE, Inc.

1. This firm is an equal employment opportunity employer and does not discriminate because of age, sex, race, color, national origin, disability, or religious preference.
2. HOPE, Inc. is a drug and alcohol free-workplace. To ensure worker safety and integrity of the workplace, HOPE, Inc. prohibits the illegal manufacture, possession, distribution or use of controlled substances or alcohol in the work place by its employees or those who engage or seek to engage in business with HOPE, Inc. Offers of employment, therefore, may be conditioned on a physical examination, including a drug and alcohol screening. Maintaining employment will also be based on the random drug and alcohol screening.
3. Smoking is not permitted in the HOPE Inc. vehicles, and only in designated outside areas. For the safety and health of its clients and employees, HOPE, Inc. is committed to a smoke-free environment.
4. Your signature on this release form indicates that you understand and agree that if employed, that employment is for no definite period, and may, regardless of the date of payment of your wages and salary, be terminated at any time with previous notice.
5. An offer of employment must originate from the management team of HOPE, Inc.

### Background

HOPE, Inc. may conduct the following investigative activities as part of the background review of prospective employees. Your signature on this release form indicates you understand these

activities and you authorize the investigation to be performed with the conditions specified as listed below.

1. Person convicted of specific crimes may not hold certain positions at this company. If you are applying for such a position and have been convicted of a felony, or a barrier crime listed in the Licensure Regulations Manual, please note this below. If more space is needed please provide the additional information on a separate sheet of paper. In addition, you authorize HOPE, Inc. to undertake a criminal record check conducted via, local, state, and federal authorities.
2. You authorize HOPE, Inc. to obtain a motor vehicle report. Our insurance company may also obtain a report through its sources. If the position you are applying for involves driving a motor vehicle, it is imperative that a good driving records exists.
3. You also authorize and request any and all of your former employers to furnish any and all information regarding your job performance. You agree to hold your former employers and their agents harmless from all liability that could relate in any way to the disclosure of private information or an assessment or opinion of your suitability for employment.
4. You understand that an offer of employment must originate from the management of HOPE, Inc.

In closing, we ask that you read and complete where needed) the remaining three (3) statements and that your signature on this Release Form indicates you understand each.

1. I have read and understand the job description for the position of \_\_\_\_\_ as approved on the date of \_\_\_\_\_.
2. I understand that misrepresentation or omission of facts herein is cause for termination, if employed.
3. I have read and understand the attached application and have answered all portions of the application truthfully and correctly with no omissions.

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Signature

Date

Policy 6020

It is the responsibility of all HOPE, Inc. employees to safeguard sensitive company information. The nature of our business and the economic well-being of our company are dependent upon protecting and maintaining proprietary company information. Continued employment with the company is contingent upon compliance with this policy. Each company supervisor/manager bears the responsibility for the orientation and training of his or her employees to ensure enforcement of company confidentiality.

All employees are asked to sign the following statement at the time of receiving the employment manual:

"In consideration of my employment with HOPE, Inc., I will be exposed to information and materials which are confidential and proprietary and of vital importance to the economic well-being of HOPE, Inc. I will not at any time disclose or use, either during or subsequent to my employment, any information, knowledge, or data which I received or develop during my employment which is considered proprietary by HOPE, Inc. or which relates to the trade secrets of HOPE, Inc. Such information, knowledge or data includes the following which is by example only: processes, know-how, designs, drawings, diagrams, formulas, test data, accounting or financial data, pricing or salary data, marketing data, business plans and strategies, negotiation and contracts, research, customer or vendor lists, inventions and discoveries ("trade secrets").

I further agree that upon termination of my employment with HOPE, Inc. shall promptly return any and all documents containing the above information, knowledge or data, or relating thereto, to HOPE, Inc. This agreement shall be binding upon my successors, heirs, assigns and personal representatives and shall be for the benefit of the successors and assigns of HOPE, Inc. In the event that a dispute arises concerning this agreement and a lawsuit is filed, the prevailing party shall be entitled to reasonable attorney's fees and costs.

I acknowledge that the proprietary information and trade secrets are created at substantial cost and expense to HOPE, Inc. and that authorized use or disclosure would cause irreparable injury to HOPE, Inc. I hereby consent to the order of an immediate injunction, without bond, from any court of competent jurisdiction, enjoining and restraining me from violating or threatening to violate this provision.

I understand that my continued employment with HOPE, Inc. is contingent upon my compliance with this agreement.

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Employee's Signature

Date

Policy 6040

Employees are asked to read and sign the following agreement at the time of employment:

“As an employee of HOPE, Inc., I acknowledge that I am expected to make contributions of value to HOPE, Inc. Such contributions shall include, among other things, all processes, inventions, patents, discoveries, copyrights, and other intangible rights developed or conceived by me during my employment. Such contributions shall be the sole property of HGP, Inc. I will be entitled to no other compensation for them other than my normal salary and benefits. I agree to disclose such contributions promptly to HOPE, Inc. to assign them to HOPE, Inc. and to assist HOPE, Inc. in obtaining patent or copyright protection. I understand that this agreement covers contributions conceived or made not only by me but with others as well, while I am employed at HOPE, Inc.

---

Employee's Signature

Date



**Background Investigation**

I authorize HOPE, Inc. to conduct a complete background investigation in order to assess my eligibility for a position requiring a high level of reliability and trustworthiness. I authorize all persons who may have information relevant to this investigation including, without limitation, prior employers, doctors, landlords, creditors and others to disclose it (including photocopies where requested) to HOPE, Inc. or their agents. I hereby release and hold harmless from liability all persons on account of such disclosure. I understand that the investigation may include verification of past employment, review of personnel records, maintained by any prior employer, education, and opinions of references.

This authorization shall be valid for a period of time not to exceed one year following the date indicated below or until employment is terminated, whichever occurs first. To release and hold harmless contained herein shall remain in full force and effect with respect to all disclosures provided within this time period.

I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation.

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Employee's Signature

Date

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Social Security Number

**Consent to Release Information**

I, authorize HOPE, Inc. to release information to prospective employers of mine who identify themselves to you as such. This authorization is unconditional and permits disclosure of the complete content of my personnel file.

I acknowledge that I have had the opportunity to review my personnel file and received copies of information contained in it. I hereby release and agree to hold harmless HOPE, Inc. its directors, officers, shareholders, employees, successors and assigns from any and all claims, cost, liability or expense, of any kind or nature whatsoever, including, without limitation, reasonable attorney fees, arising out of or resulting from the release of information respecting the undersigned by HOPE, Inc.

This authorization shall permit the release and disclosure of information for a period of 90 days following the date indicated below. The release and hold harmless shall remain in full force and effect with respect to all disclosures made within this time period.

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Employee's Signature

Date

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Social Security Number