

Employment Application for Administrative Assistant

The HIVE, Inc.

| Section 1 | Personal Info | ormation | | | | |
|-------------------|---------------|----------|---------------|-----|--|--|
| | | | | | | |
| Full Name | | | | | | |
| | | | | | | |
| Street Address | City | | State | Zip | | |
| | | | | | | |
| Phone | | | Email | | | |
| | | | | | | |
| Communication Pre | ferences | | Email | | | |
| | | | Phone Call | | | |
| | | | Text | | | |
| | | | No Preference | | | |
| Date of Birth | | | | | | |

| Section 2 | Employment History | | | | | | |
|--|--------------------|-----------------|---------|-----------|----------|--------------|--|
| Company Name | Position Held | Supervisor Name | Address | Phone | Dates | _ | |
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| | | | | <u></u> | <u>!</u> | ı | |
| Company Name | Position Held | Supervisor Name | Address | Phone | Dates |] | |
| | | | | | | | |
| References | | | | | | | |
| Name | Phone Number | Relationship | Name | Phone Nun | nber | Relationship | |
| | | | | | | | |
| Section 2 | Experience | | | | | | |
| Any work or personal experience with people with developmental disabilities you would like us to know about? | | | | | | | |
| Any awards, trainings, or certifications we should know of related to this position? | | | | | | | |
| Other experience you would like us to know about that makes you the right fit for this position? | | | | | | | |

| Requirements | | | | | | |
|--|-----|----|------------------|--|--|--|
| Will you agree to a criminal background check? | YES | NO | MAYBE | | | |
| Able to lift 20 pounds? | YES | NO | MAYBE | | | |
| Familiar with Microsoft Office? | YES | NO | Willing to learn | | | |
| Will you agree to serve individuals of all backgrounds and demographics with empathy and dignity? | | | | | | |
| YES NO MAYBE | | | | | | |
| Any closing thoughts or comments you would like us to know? | | | | | | |
| | | | | | | |
| | | | | | | |
| By signing my name below, I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of | | | | | | |
| employment at any point in the future if I am hired. I authorize the verification of any or all information listed above. | | | | | | |
| | | | Date | | | |
| | | | | | | |