

HOPE Coach Application

Name (First & Last):	
Email:	
Address:	
City:	
State:	
Zip Code:	
Phone Number:	

What's your citizenship / employment eligibility? *	
Have you ever been convicted of a felony? *	
If "Yes", you have been convicted of a felony, please explain the circumstances around the conviction:	
Are you 18 years of age or older? *	
What languages do you speak fluently? *	
What's your highest level of education completed? *	
Earliest start date? *	
How did you hear about H.O.P.E. Group? *	
Have you previously been employed by H.O.P.E. Group, LLC? *	
Are you currently CPR certified? *	
If answered, "yes", please indicate date of certification and what state.	

Are you first-aid certified? *	
If answered, "yes", please indicate date of certification and what state.	
Are you able to obtain three (3) references or letters of recommendation? *	

Please indicate ALL cities of Arizona you are willing to work. *	
Do you have reliable transportation? *	
If yes, would you be willing to transport H.O.P.E. Group client's in your personal vehicle? *	

Years of relevant professional experience in this field of work? (CIRCLE WHAT APPLIES) *	<ul style="list-style-type: none"> • 0 – 6 months • 1 – 2 years • 2 – 5 years • 5 – 7 years • 7 – 10 years • 10 years +
Please provide employment history (volunteer positions are applicable in lieu of work experience) that are relevant to this field of work: *	<p>Company Name: _____</p> <p>Start Date: _____</p> <p>End Date: _____</p> <p>Position Held: _____</p> <p>Primary Responsibilities: _____</p> <p>Reason for Leaving (If still employed please list as "current".) _____</p> <p>_____</p>

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<p>What is the maximum amount of weight you are able to lift safely? *</p>	
<p>This position requires an Arizona Department of Economic Security CRIMINAL HISTORY SELF DISCLOSURE AFFIDAVIT. Are you willing to complete a Criminal History Self Disclosure Affidavit? (CIRCLE WHAT APPLIES) *</p>	<ul style="list-style-type: none"> • Yes • No
<p>This position requires an Arizona Department of Public Safety FINGERPRINT CLEARANCE CARD. Do you currently have or are willing to obtain a Fingerprint</p>	<ul style="list-style-type: none"> • Yes • No

<p>Clearance Card? (CIRCLE WHAT APPLIES) *</p>	
<p>Due to potential minor and/or adult safety requirements of this role are you physically capable to regularly (CIRCLE WHAT APPLIES):</p>	<p>Run short distances? *</p> <ul style="list-style-type: none"> • Yes • No <p>Squat, kneel or bend down? *</p> <ul style="list-style-type: none"> • Yes • No
<p>What is it about working with individuals with Autism, and/or other related disorders, that interests you? *</p>	
<p>What previous experience do you have in providing services to teens and/or adults with Autism, and/or other related disorders? *</p>	
<p>Explain your familiarity with Vocational Rehabilitation? *</p>	
<p>How far are you willing to travel for a client? (distances are one-way) *</p>	
<p>Please go to each day and select ALL the times you are available on each day. If you are unavailable for a particular day, please write "Not Available"</p>	<p>Sunday: *</p> <p>Monday: *</p> <p>Tuesday: *</p> <p>Wednesday: *</p> <p>Thursday: *</p> <p>Friday: *</p> <p>Saturday: *</p>