

Application for Employment House of New Hope

Our policy is to provide equal employment 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 _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____ OH Driver's License #: _____

Telephone _____ Email: _____

Social Security # _____ How do you prefer to be contacted: _____

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 looking for full-time employment? Yes No

If no, what hours are you available? _____

Are you willing to work weekends? Yes No

Are you willing to work overnight hours? Yes No

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

Yes No

If yes, please describe date and conditions.

Do you have any physical limitations or driving restrictions that will prevent you from carrying out the general duties of the position that you are applying for? Yes No

If yes, please explain:

Previous foster parent experience? Yes No

Employment Desired

Position applied for:

Therapeutic Case Mgr (Foster Care) Direct Service Provider (DD) CPST (MH)

OTHER: _____

How did you hear of this opening? _____

Have you ever applied for employment here? Yes No

When? _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Are you available for full-time work? Yes No

Are you available for part-time work? Yes No

Are you willing to travel? Yes No If yes, what percent? _____

Date you can start _____

Desired position _____

Desired starting salary/wage _____

Please list applicable skills _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

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

Are you planning to continue your studies? Yes No

If yes, where and what courses of study?

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Professional Licensure

Type of License(s) Held _____

State of Ohio License Number _____ License Expiration

Date _____ Other Professional Memberships

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, sexual orientation, marital status, veteran status or any other protected status.)

References

List three references (at least one professional), not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Email _____

Name _____ Phone _____ Years Known _____

Email _____

Name _____ Phone _____ Years Known _____

Email _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I agree that neither the acceptance of this application, an offer, nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other House of New Hope practices, shall serve to create an actual or implied contract of employment

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that House of New Hope and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with House of New Hope, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

I fully understand that House of New Hope may change or revise their benefits, policies and procedures without advanced notice and that such change may include reduction in benefits.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____