

HOPE HOUSE, INC. APPLICATION FOR EMPLOYMENT

Hope House is an equal opportunity employer. Hope House does not discriminate on the basis of race, color, age, sex, religion, national origin, or disability.

PERSONAL INFORMATION

NAME _____

ADDRESS _____ City _____ State _____ Zip _____

PHONE # _____ EMAIL _____

How long at this address? _____ If you are not a citizen of the U.S., do you have a legal right to work and/or remain permanently in the U.S.? Yes _____ No _____

JOB(S) APPLIED FOR

- | | |
|--|--|
| <input type="checkbox"/> Direct Care Staff Supervisor (living on campus) | <input type="checkbox"/> House Parents (living on campus) |
| <input type="checkbox"/> Direct Care Staff (living on campus) | <input type="checkbox"/> Recreation Staff |
| <input type="checkbox"/> Direct Care Staff Summer Intern / Recreation (living on campus) | <input type="checkbox"/> Service Worker / S.W. Supervisor* |
| <input type="checkbox"/> Night Duty Staff Boys | <input type="checkbox"/> Night Duty Staff Girls |
| <input type="checkbox"/> HCA Teacher* | <input type="checkbox"/> Kitchen Manager/Cook* |
| <input type="checkbox"/> HCA Teacher's Aide | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Other _____ | |

*A resume' listing education, experience & credentials is required in addition to this application

How did you hear of this opening? _____

Have you ever worked for Hope House before? _____ No _____ Yes; When? _____

Please list any friends or relatives who work for or have worked for Hope House. _____

Do you desire full-time or part-time employment? _____

If hired, when would you be available to start? _____

Do you have reliable transportation? _____

Some of the requirements of the job for which you are applying may include: lifting residents; assisting residents with physical disabilities; helping to manage resident aggressive and/or maladaptive behaviors; other tasks requiring physical stamina. Are you able to meet this requirement? _____ No _____ Yes

EDUCATION

SCHOOL	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY (if applicable)	DATES ATTENDED (from - to)	GRADUATION (if applicable)	DEGREE/DIPLOMA
Elementary					
High School					
College					
Other					

EMPLOYMENT HISTORY

NAME/ADDRESS of COMPANY	FROM Mo/Yr	TO Mo/Yr	TYPE OF WORK	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	SUPERVISOR AND PHONE #

EMPLOYMENT RELATED PERSONAL REFERENCES

NAME and OCCUPATION	ADDRESS/CITY/STATE/ZIP	PHONE

TRAINING & EXPERIENCE

Please describe any military service or other specialized training. _____

Hope House provides services to persons who are emotionally impaired and/or developmentally disabled. Please describe any experience or specialized training you have had which relates to this population which is not listed under EDUCATION or EMPLOYMENT HISTORY. _____

REFERENCE CHECKS

References are an important part of evaluating your application. May we have your permission to check the references you have listed in this application? ____ Yes ____ No _____
(Signature)

If there is an employer you would rather we not contact, please list that employer in the space provided. _____ Are there any other references not already listed that you would like us to contact? If so please list these, with phone numbers, in the space provided.

BACKGROUND CHECK -- SELF DISCLOSURE

State regulations and company policy require us to initiate a criminal history background check on **all** employees. May we have your permission to initiate a criminal history background check? ____ Yes ____ No Company policy prevents any person with a felony conviction and certain other types of criminal convictions from being employed by Hope House. Have you ever been convicted of a crime? ____ Yes ____ No

OTHER

Work hours for Hope House Staff must be based on the residents' needs and are adjusted from time to time. Are you able to adjust your personal schedule to be available should work schedules change? ___ Yes ___ No

By signing below, I understand that **all** Hope House Staff are expected to attend **all** Hope House activities, including, but not limited to: Church attendance, Camping, School programs, Recreational/Entertainment outings, Parties, etc. (Exceptions will only be made at the discretion of Hope House Administration) _____
Initial

The facts set forth in this application for employment are true and complete. I understand that if I am employed, any false statement contained in this application or made during the interview process shall be considered sufficient cause for dismissal. If employed by Hope House, I agree to abide by all policies, procedures, rules and regulations adopted by or which may be adopted by Hope House in the future. Failure to comply may result in my dismissal.

Signature _____

Date _____

FOR OFFICE USE ONLY

INTERVIEWERS

NAME _____ TITLE _____ DATE _____

COMMENTS _____

NAME _____ TITLE _____ DATE _____

COMMENTS _____

EMPLOYMENT STATUS

_____ Hired _____ Full Time _____ Part Time (20-39 hrs/wk) _____ On Call

Starting Date: _____ Starting Classification: _____

_____ Not Hired Reason _____

