

Employment Application

Equal Opportunity Employer

PERSONAL INFORMATION:					
Name (First, Middle Initial, Last):					
Current Address:					
City:		State:		Zip:	
Home #:		Cell #:			
Email Address:					
Have you been a reside If NO please list city/sta	te of residence for p	previous five ye			
What is your availabilit					
Full time:	Part Time:		Substitute:		
Please indicate HOURS	and DAYS of availab	ility:			
7a.m3p.m 3	p.m12mid	12mid-7a.m.		All Hours	
Monday-FridayS	aturday	Sunday	_ All Days	_	
Do you possess VALID d	river's license?		YES	NO	
Do you have reliable transportation? YES			NO		
Do you have CURRENT Liability Auto Insurance? YES			NO		
Would you be willing to take Public Transport to work in an emergency?			YES	NO	
During the past 10 years have you been charged with a DUI?			YES	NO	
Have you ever been convicted of a crime? YES NO				NO	
What type of training d	o you have working	with individual	ls with disabiliti	es?	
Explain:					

Are you certified in CPR/FA?	Yes	No	Expiration Date		
Are you certified in Medication Administration?		No	Expiration Date		
Are you certified in Provider Training?	Yes	No	Expiration Date		_
Do you know American Sign Language?	Yes	No			
Do you have a special skill or hobby that is pertine	ent to w	orking	at Halom House?	Yes	No
If yes, please explain					
Do you have any physical limitations that would reto perform the job you are applying for?					
If yes, please explain					
Education:					
Do you have a high school or GED? Yes	No		Year Graduated		
High School:					
Note: Upon offer of employment, you will need successful completion of GED program.	to provi	de pro	of of High School dipl	oma or	
Do you have a College degree? Yes No	Majo	r	Minor		
College Attended					
References: (Non-Relative Member)					
Name:		Phon	e:		
Name:		Phon	e:		
Name:		Phon	e:		

Current Employment:	
Company Name:	
Address:	
Company Phone Number:	Fax Number:
Dates of Employment: From	To
Job Title:	Salary/Hourly Rate of Pay: \$
Supervisor Name:	
Describe your job and experience with this company	y?
Reason for leaving:	
What would your supervisor say about your work et	thic?
Will this company rehire you? Yes No Did you have attendance issues while employed?	Yes No
How would you rate your experience working for th	
ExcellentSatisfact	ory Poor

Previous Employment:	
(Please list your past employees from n	nost recent to least recent)
Company Name:	
Dates of Employment: From	То
Address:	
Company Phone Number:	Fax Number:
Job Title:	Salary/Hourly Rate of Pay: \$
Describe your job and experience with the	nis company?
<u> </u>	
Reason for leaving:	
	our work ethic?
Will this company rehire you? Yes	No
Did you have attendance issues while en	nployed? Yes No
How would you rate your experience wo	orking for this company?
Excellent	SatisfactoryPoor

Previous Employment:	
(Please list your past employees from most re	ecent to least recent)
Company Name:	
Dates of Employment: From	То
Address:	
Company Phone Number:	Fax Number:
Job Title:	
Describe your job and experience with this cor	npany?
	ork ethic?
Will this company rehire you? Yes No	
Did you have attendance issues while employe	ed? Yes No
How would you rate your experience working	for this company?
ExcellentSat	isfactoryPoor

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH.

By my signature and initials placed below, I **SWEAR** that the information provided in this employment application (and accompanying resume if any) is true and complete. I understand that any false information or significant omissions of facts may disqualify me from further consideration for employment and may be justification for my termination from employment if discovered at a later date. ______ INITIALS

If hired, I agree to immediately notify my supervisor within fourteen calendar days if I should be formally charged, convicted of, or plead guilty **of any crime** while employed with Halom House Inc... ______ **INITIALS**

I give permission to Halom House Inc. to request at any time a complete physical exam which could include a drug screening and x-rays. I consent to release to Halom House Inc. all medical information as may be deemed necessary by Halom House Inc. in judging my capabilities to do the work which I am applying for and/or have been hired to do. _____ **INITIALS**

I give permission to Halom House Inc. to request at anytime a complete psychological exam and I consent to release to Halom House Inc. all psychological information as may deemed necessary by Halom House Inc. in judging my capability to do the work which I am applying and/or have been hired to do. ______ INITIALS

I authorize the investigation of all statements contained in this application. I also authorize Halom House Inc. to contact my present and past employers and listed references. I understand that Halom House Inc. may request and investigate consumer reports, workers comp claims, and any other information as to my character, reputation, personal characteristics, and mode of living. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make written request to Halom House Inc. within a reasonable time for the disclosure of the name and address of the consumer reporting agency used to investigate so that you may obtain a complete disclosure of the nature and scope of the investigation. ______INITIALS

I authorize any persons, schools, current employers, organizations named in this application to provide Halom House Inc. with any relevant and factual information and opinion that may be useful to Halom House Inc. in making a hiring decision. I release such persons etc from any legal liability in making such statements. ______ INITIALS

I understand that this application does not, by itself, create a contract of employment. I understand and agree that if hired, my employment with Halom House Inc. is for no definite period of time and may, regardless of date of my wages/salary, be terminated at any time. I understand that no person is authorized to change any of the terms mentioned in this application except for the Executive Director and/or Halom House Inc. Board of Director Designee. _____ INITIALS

I understand that if hired, I will be placed in a position of responsibility for people with disabilities. I will always keep their health and safety as my main concern during the time that I am supervising these individuals. I understand that I must arrive to work on time, for all shifts. To do otherwise, I would be jeopardizing the health and safety of the individuals I work with and risk termination of my employment with Halom House Inc... INITIALS

I hereby declare the information provided by me in this application for employment to be true, correct, and complete to the best of my knowledge. I understand that if employed by Halom House Inc. any misstatement or omission of fact on this application shall be considered cause for termination.

Applicant Signature

Date