



APPLICATION FOR EMPLOYMENT

NOTICE: Prospective employees will receive consideration without discrimination because of political affiliation, religion, religious beliefs, race, color, gender, disability, age, creed, veteran status or national origin. State of Georgia Department of Human Resources requires that employees be 21 years of age to work in child care institutions (CCI) or child placing, agencies (CPA). No application will be considered unless all requested information is complete, accurate and legible.

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Telephone
	City	State		Zip	Business Telephone
	Have you every applied for employment with us? <input type="radio"/> Yes <input type="radio"/> No If yes, Month and Year Location				Social Security Number
	Position Desired (must be completed)				Pay Expected
	Are you available for full time work? <input type="radio"/> Yes <input type="radio"/> No Please indicate in AVAILABILITY section below what hours you can work.				Will you work overtime if asked? <input type="radio"/> Yes <input type="radio"/> No
	Are you legally eligible for employment in the United States? <input type="radio"/> Yes <input type="radio"/> No		Are you at least 21 years of age? <input type="radio"/> Yes <input type="radio"/> No		When will you be able to begin work?
	Are you related to anyone who works at HOH? <input type="radio"/> Yes <input type="radio"/> No If yes, name and relationship.				
	Who referred you to HOH?				
	Other special training or skills (languages, machine operation, computers, etc.)				

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of years completed	Did you graduate?	Type of Degree or Diploma
	Graduate					
	College					
	Business or Tech School					
	High School					
	Professional License and/or Certification					

Hours of Availability

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

List the geographical areas in which you are willing to work or travel. _____

Driving History

The position you are applying for may require you to transport clients. Check the type of vehicle you are qualified through experience to operate.

☐ Passenger Car ☐ Light Truck ☐ Van ☐ Heavy Truck

Driver's license number _____ State of issue _____ Expiration Date _____
Has your license ever been suspended or revoked? ☐ Yes ☐ No
Do you have auto insurance? ☐ Yes ☐ No
Has it ever been cancelled or renewal refused? ☐ Yes ☐ No
Have you been convicted of any moving violations in the past three years? ☐ Yes ☐ No
If yes, please give details _____

Criminal History

Have you ever been convicted of, plead guilty or nolo contendere to a crime? (Please exclude minor traffic offenses.)
A prior conviction is not an automatic bar to employment. ☐ Yes ☐ No

If yes, please give details. _____

Authorization for Release of Information

My signature below evidences my understanding that should I be offered a position with House of Hope Refuge of Love, Inc. (HOH) a criminal background and motor vehicle record check will be conducted with regard to me. I further understand that information obtained during the investigation may be used as a basis for the denial of employment as well as termination of employment pending completion of my records check investigation. I understand that refusal to sign this release will result in termination of the employment process. All information I hereby authorize to be obtained from the GBI and/or FBI will be held strictly confidential for the purpose listed above and cannot be released by the recipient without my consent. I agree, however, that HOH and its officials will be relieved of any responsibility for any inappropriate use of this information by representatives of the organization. I understand that this authorization will remain in effect indefinitely. I understand that unless otherwise limited by state or federal regulations, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time by giving written notice to HOH.

Applicant Signature

Date

Human Welfare Assurance Statement

My signature below indicates that I never have been shown by credible evidence (such as a decision of a court or a jury or a department of investigation or other reliable evidence) to have abused, neglected, sexually exploited or deprived a child or adult or to have subjected any person to intentional or grossly serious injury as a result of negligent misconduct.

Applicant Signature

Date

Employee Consent for Drug Analysis

My signature below indicates that I understand and agree that in application for employment with HOH that I will be subject to pre-employment testing for drug use and hereby consent to the same.

Applicant Signature

Date

Please read before signing:

In the event of my employment by HOH, I will comply with rules and regulations of the Organization.

I acknowledge that if I am hired I will be an at-will employee which means that I have the right to terminate my employment at any time with or without notice and the Organization has the same right. My employment will be for an indefinite period, despite the period of payment of any wages, and no one other than the President/CEO of HOH has the authority to modify this relationship or make any agreement to the contrary. Any such agreements or modifications of this relationship must be in writing.

I agree that if I become employed by HOH neither this application nor any other communications by the Organization's representatives, written or oral, establishes an employment contract other than the one terminable at will by the Organization or the applicant.

I certify that all statements on this application are true and complete. I understand that any material omission or misinformation given on this application or during the employment process is grounds for immediate termination.

Applicant Signature

Date

EMPLOYMENT RECORD

Provide a complete employment history for the past ten (10) years listing the most recently held position first. Include any period of unemployment and state reason below. Account for all periods of unemployment and extended illness of four (4) week durations or more for the last ten (10) years or since you left school.

Employer (If unemployed, please state)		Employer Address		City	State	Zip
Date From (Month/Year)	Date To (Month/Year)	Telephone		Supervisor		
Position		Duties				
Starting Salary	Leaving Salary	Reason for Leaving				
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		If unemployed, please state reason				
Employer (If unemployed, please state)		Employer Address		City	State	Zip
Date From (Month/Year)	Date To (Month/Year)	Telephone		Supervisor		
Position		Duties				
Starting Salary	Leaving Salary	Reason for Leaving				
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Position		Duties				
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Date From (Month/Year)	Date To (Month/Year)	Telephone		Supervisor		
Position		Duties				
Starting Salary	Leaving Salary	Reason for Leaving				
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		If unemployed, please state reason				

LIST PREVIOUS PLACE (S) OF RESIDENCE DURING THE PAST FIVE (5) YEARS.

Street Address	City	State	From	To

REFERENCES

EMPLOYMENT REFERENCES

(Must correspond with employment record)

1. Name: _____ -
Relationship: _____ -

Phone Number _____ -

2 Name: _____ -
Relationship: _____ -

Phone Number _____ -

3. Name: _____ -
Relationship: _____ -

Phone Number _____ -

4. Name: _____ -
Relationship: _____ -

Phone Number _____ -

5. Name: _____ -
Relationship: _____ -

Phone Number _____ -

Phone Number _____ -

2 Name: _____ -
Relationship: _____ -

Phone Number _____ -

3 Name: _____ -
Relationship: _____ -

Phone Number _____ -

4. Name: _____ -
Relationship: _____ -

Phone Number _____ -

5. Name: _____ -
Relationship: _____ -

Phone Number _____ -

PERSONAL REFERENCES

(Do not list relatives)

1. Name _____

Relationship: _____

Phone Number: _____

2. Name _____

Relationship: _____

Phone Number: _____

I authorize you to obtain reference checks from the above noted individuals through personal interviews, telephone calls or letters. These references may include information as to my character, general reputation, personal characteristics, mode of living and work habits.

Applicant Signature

Date

Writing Sample

By signing below I understand that the following answers will be evaluated based on my ability to use complete sentences, correct grammar and spelling. Also, I understand that this writing sample may be used as an evaluation tool in considering me for employment at House of Hope Refuge of Love, Inc.

Applicant Signature _____

Date _____

Please answer the following seven questions.

1. Tell us about your experiences working with children and families.

2. What types of activities/hobbies do you enjoy?

3. What are your personal strengths?

4. What are your weaknesses?

5. How do you handle your anger?

6. The children and families we serve come from various backgrounds that may be culturally different from your own. Tell us about a situation where you had to respond to someone from a different culture.

7. How would you respond or what steps would you take if a client or resident inquired about personal information such as marital status, cell or home phone numbers or whether or not you have children?
