



APPLICATION FOR EMPLOYMENT

Position applying for: _____ Full time or Part time: _____

Date Available to Start: _____ Salary Desired: _____

Last First

Address City State Zip

Phone E-mail Address

Social Security No: _____ Are you legally authorized to work in the United States? Yes No

How were you referred to us? _____

Have you ever worked for us before? _____ Yes _____ No If Yes, When? _____

Do you have any friends or relatives working here? _____ Yes _____ No If yes, Name: _____ Relationship: _____

Drivers License (for Positions Requiring): Do you have a valid driver's license?
If yes, Driver's License #: _____ (Class: A B C D E) State _____ Expiration Date: _____

Have you ever been convicted, entered a plea of no contest, pled guilty, had prosecution differed or adjudication withheld for any crime (except for minor traffic violations) which has not been purged or sealed, or is there a criminal charge pending against you? Yes No

Type of conviction: _____ Location of incident: _____

Final Disposition: _____

Are you bilingual? Yes No If yes, second language: _____

EDUCATION:

Name and Address	Last Year Completed	Major Course of Study	Degree Received
High School			
College			
Other			

CHARACTER REFERENCES: *(List Persons Who You Know Well – Not Previous Employers or Relatives)*

Name	Occupation	Address (Street, City, State)	Telephone No.	No. Yrs. Known

WORK EXPERIENCE

Please list most current **FIRST** and account for any gaps of employment.

Employer	Phone	Dates (Mo. & Yr.)		Work Performed
		From	To	
Address (City, State, Zip)		Starting Salary		Reason For Leaving
Job Title		Ending Salary		Supervisor

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		From	To	
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Job Title		Ending Salary		Supervisor

May we contact your current and previous employers? Yes No

Have you ever been involuntarily terminated from a previous place of employment? Yes No

I certify that the answers provided are true and correct to the best of my knowledge. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed. I authorize the investigations of all matters contained in this application and give His House Children's Home permission to contact schools, previous employers, personal references, legal residency status in the United States, criminal records and others to verify the data I have supplied. I indemnify His House Children's Home from any claims or liability resulting from such inquiry. I understand that misrepresentations, omission of fact(s), or incomplete information may disqualify me for employment with His House Children's Home. I also understand that if employed, and misrepresentations, or omission of fact(s) in this Application will be cause for my dismissal at any time and without notice. I agree to conform to the rules and regulations of His House Children's Home, including an Introductory Probationary Period of 90 days. I understand that employment with His House Children's Home is for no guaranteed period of time and my employment may be terminated by myself, or by His House Children's Home with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Company's Employee Handbook-that may be modified without notice by His House Children's Home) do not constitute an employment contract or modification of the at-will employment relationship between His House Children's Home and myself. His House Children's Home complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related functions. If you are provided with a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination.

Signature: _____ Date: _____