

HEPHZIBAH CHILDREN'S HOME

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY IN BLACK INK – PROVIDE ALL INFORMATION REQUESTED!

Applicant: Read and Sign Before Submitting Application.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation. I authorize my past employers and any others contacted to answer all questions asked by HCH concerning my ability, character and reputation. I release all such persons and HCH from any liability on account of furnishing such information. I also understand that I must pass a pre-employment drug test and background check. I agree to submit and pass drug tests on a periodic, reasonable cause and random basis.

Applicants Signature

Date

Hephzibah Children's Home is an Equal Employment Opportunity Employer.

Last Name _____ First Name _____ Middle Name _____

Position Sought _____ Wages Expected _____ per _____

Date available for work _____ Employment desired? ___ Full time ___ Part time ___ Temp ___ Volunteer

PERSONAL INFORMATION

List ALL Residence(s) for last ten (10) years beginning with present address. Include street address, city, state and zip code. (If additional space is needed, use a separate page.)

Address _____ From _____ To _____

Address _____ From _____ To _____

Address _____ From _____ To _____

Address _____ From _____ To _____

Address _____ From _____ To _____

Social Security Number _____ Driver's License Number _____ State _____

If you have ever used another Social Security Number, please state why and list that number _____

Home phone _____ Alternate phone _____ Email address _____

Have you ever worked for Hephzibah Children's Home before? Please provide dates _____

How were you referred to this company? _____

Are you legally eligible for employment in the U.S.? ___ YES ___ NO (Please note that within 72 hours of employment, you will be required to submit an acceptable form of identification(s) proving that you are eligible for employment in the U.S.)

Have you ever been convicted of or pled guilty to any crime including misdemeanors and felonies? _____ If yes, COMPLETELY list all charges, dates and locations. **Be specific, complete and accurate. IF YOU PROVIDE INCOMPLETE, INACCURATE OR FALSE INFORMATION ON YOUR EMPLOYMENT APPLICATION, YOU WILL NOT BE CONSIDERED FURTHER FOR EMPLOYMENT.** Please note that misdemeanors to be listed may include traffic violations other than parking tickets. Incomplete or vague information may prevent further consideration of your employment application. (A conviction or guilty plea will not necessarily disqualify an applicant for employment.) _____

U.S. MILITARY HISTORY

Branch _____ Rank or Rating at Separation _____ Type of Discharge _____
Length of active duty service: _____ Years _____ Months
MOS Title(s) held _____

PERSON TO CONTACT IN THE EVENT OF AN ACCIDENT DURING WORKING HOURS

Name _____ Phone _____
Address _____

EMPLOYMENT HISTORY

List employment status for the last ten (10) years beginning with your current status/employment. **DO NOT leave any gaps in time.** Account for all periods of employment, unemployment, military service, schooling, self-employment, etc. **If you were employed by a contract or temporary service agency, list that agency as your employer and NOT the company or companies where you actually performed work. BE COMPLETELY ACCURATE.** If you need more space, use a separate page. A resume **MAY NOT** be substituted for filling out this section; however, you may attach one as a supplement. Full employment dates are preferred; however month and year are acceptable as a minimum.

Employers name _____ Position _____
Address _____
Telephone _____ Supervisor's name _____
Employed: From _____ To _____ Salary: Start \$ _____ per _____ End \$ _____ per _____
(month/day/year – min. of month/year)
Specific reason for leaving _____
Description of duties _____
May we contact this employer? _____ YES _____ NO If no, why? _____

Employers name _____ Position _____
Address _____
Telephone _____ Supervisor's name _____
Employed: From _____ To _____ Salary: Start \$ _____ per _____ End \$ _____ per _____
(month/day/year – min. of month/year)
Specific reason for leaving _____
Description of duties _____
May we contact this employer? _____ YES _____ NO If no, why? _____

Employers name _____ Position _____
Address _____
Telephone _____ Supervisor's name _____
Employed: From _____ To _____ Salary: Start \$ _____ per _____ End \$ _____ per _____
(month/day/year – min. of month/year)
Specific reason for leaving _____

Description of duties _____

May we contact this employer? ____ YES ____ NO If no, why? _____

Employers name _____ Position _____

Address _____

Telephone _____ Supervisor's name _____

Employed: From _____ To _____ Salary: Start \$ _____ per _____ End \$ _____ per _____
(month/day/year – min. of month/year)

Specific reason for leaving _____

Description of duties _____

May we contact this employer? ____ YES ____ NO If no, why? _____

Employers name _____ Position _____

Address _____

Telephone _____ Supervisor's name _____

Employed: From _____ To _____ Salary: Start \$ _____ per _____ End \$ _____ per _____
(month/day/year – min. of month/year)

Specific reason for leaving _____

Description of duties _____

May we contact this employer? ____ YES ____ NO If no, why? _____

EDUCATION

Name of High School _____ City/State _____

Major _____ Did you graduate? ____ Degree received _____ /GPA _____

Name of College _____ City/State _____

Major _____ Did you graduate? ____ Degree received _____ /GPA _____

Name of College _____ City/State _____

Major _____ Did you graduate? ____ Degree received _____ /GPA _____

BUSINESS REFERENCES

Please list 3 people (other than relatives) who can attest to your work ethic, job performance and ability. You may use co-workers, clients, vendors, supervisors or others.

Name _____ Phone Number _____

How do you know this person? _____ Years known ? _____

Address _____

Name _____ Phone Number _____

How do you know this person? _____ Years known? _____

Address _____

Name _____ Phone Number _____

How do you know this person? _____ Years known? _____

Address _____

AUTHORIZATION AND RELEASE TO VERIFY PAST EMPLOYMENT AND EDUCATION

I agree, consent and understand that if employed by Hephzibah Children's Home, I will familiarize myself with and abide by all rules and requirements for employment with the company.

I UNDERSTAND THAT THIS APPLICATION MAY BE WITHDRAWN FROM CONSIDERATION, ANY JOB OFFER MAY BE WITHDRAWN OR IF EMPLOYED, I WILL BE SUBJECT TO IMMEDIATE DISMISSAL IF ANYTHING IN THIS APPLICATION IS FOUND TO BE AT ANY TIME FALSE, INCOMPLETE, INACCURATE OR MISLEADING – TO INCLUDE MATERIAL OMISSIONS, INCOMPLETE OR MISLEADING ENTRIES, FAILURE TO PROVIDE ALL REQUESTED INFORMATION OR FAILURE TO ALLOW HEPHZIBAH CHILDREN'S HOME TO OBTAIN INFORMATION FROM MY PREVIOUS EMPLOYERS.

I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between Hephzibah Children's Home and myself for either employment or for any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Hephzibah Children's Home **If an employment relationship is established, I understand that I am employed at-will and that either I or the company may terminate my employment at any time.**

Signature and Verification of Information by Applicant: **(Original signature must be submitted.)**

Dated _____ Signed _____