Hearts 'n' Hands Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND ARE SUBJECT TO BACKGROUND VERIFICATION

PLEASE COMPLETE A	AII PAGES OF THIS APP	PLICATION.	DATE _		
Name	Last	First	Middle		Maiden
Present address					
	Number	Street	City State	Zip	
Telephone ()	(Home) ()	(Cell)		(Date of Birth)
E-mail:					
Emergency Contact Per	rson		Phone Num	nber:	
Emergency Contact Per	rson		Phone Num	nber:	
	(Note if applying to be	e a volunteer)	D: D :		
Position applied for				:	
How many hours can yo	ou work weekly?		_ Can you work	nights?	
Are you willing to attend	Heats 'n' Hands function	ns outside of regularly	scheduled work h	ours? □ Yes □	No
Employment desired □FULL-TIME ONLY □PART-TIME ONLY □FULL- OR PART-TIME					
When available for work	(Date & Other Details)?				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)		OF YEARS PLETED	MAJOR & DEGREE
High School		,			
College					
Bus. or Trade School					
Professional School					
HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes					
	of conviction(s), nature of imposed, and type(s) of		conviction(s), how	recently such offe	nse(s) was/were

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PRICATION FOR EMPLOYMENT	

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ALL DOCTOR FOR EMILE FINE CO.
OFFICE SKILLS
Keyboard ☐ Yes Microsoft Office Word ☐ Excel ☐ Access ☐ Typing ☐ No
Personal
Please list two references. One personal and one professional.
Name Name
Position Position
Company Company
Address Address
Telephone () Telephone ()
SPECIAL NEEDS EXPERIENCE
Have you worked with people who have special needs? If yes, what was the general age of those individuals? ☐ Yes ☐ No ☐ Infants (<5 yrs.) ☐ Teens (13-20 yrs.) ☐ Adults (21and older)
 □ My experience in this area is contained in the Work Experience sections below. If your involvement with individuals with special needs is not included in the Work Experience sections, please describe it here. Please be specific Attach additional sheets if necessary.

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APPLICATION FOR EMPLOYMENT

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Attach additional sheets if necessary.				
	APPLICATION FO	R EMPLOYMENT		
Work Experience	Please list your work experience for the past If you were self-employed, give firm name.	five years beginning v	vith your most recent j	job held.
Name of employ Address	yer	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number	Code		From	Start
			То	Final
		Your last job title		
Reason for leav	ring (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
Name of employ Address		Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number	Code		From	Start
			То	Final
		Your Last Job Title		
Reason for leav	ring (be specific)			
List the jobs you	u held, duties performed, skills used or learned,	advancements or pron	notions while you work	ked at this company.

Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number				From	Start
				То	Final
			Your last job title		
Reason for leaving (be specific)					
List the jobs you held, duties performed, ski	ns used of	r learned,	auvancements of pro	moderns write you wor	ted at tills company
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number				From	Start
				То	Final
			Your last job title		
Reason for leaving (be specific)					
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List the jobs you held, duties performed, ski	lls used o	r learned,	advancements or pro	motions while you wor	ked at this company
List the jobs you held, duties performed, ski Name of employer Address	lls used or	r learned,	Name of last	Employment dates	ked at this company
Name of employer Address City, State, Zip Code	lls used or	r learned,			
Name of employer Address	lls used or	r learned,	Name of last	Employment dates	Pay or salary
Name of employer Address City, State, Zip Code	lls used or	r learned,	Name of last	Employment dates From	Pay or salary Start
Name of employer Address City, State, Zip Code	lls used or	r learned,	Name of last supervisor	Employment dates From	Pay or salary Start
Name of employer Address City, State, Zip Code Phone number Reason for leaving (be specific)			Name of last supervisor Your last job title	Employment dates From To	Pay or salary Start Final
Name of employer Address City, State, Zip Code Phone number			Name of last supervisor Your last job title	Employment dates From To	Pay or salary Start Final

Release of Background Information

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.		
Signed	Today's Date	
Name on Driver's License		
Driver's License Number	State	
Social Security Number	Date of Birth	
Other names you have used, or are also known as, incl	uding maiden name, name changes and any aliases	

PLE	EASE PROVIDE ALL RESID	ENTIAL A	DDRESSES F	OR THE PAST	7 YEARS
Current Address:					
	Street	apt#	City	State	From/To (Mo/Yr)
Former Address:					
	Street	apt#	City	State	From/To (Mo/Yr)
Former Address:					/
	Street	apt#	City	State	From/To (Mo/Yr)
Former Address:					
	Street	apt#	City	State	From/To (Mo/Yr)
Former Address:					
	Street	apt#	City	State	From/To (Mo/Yr)
Former Address:					1
_	Street	apt#	City	State	From/To (Mo/Yr)

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Hearts 'n' Hands (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Hearts 'n' Hands, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Program Manager. Both the undersigned and Hearts 'n' Hands may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I also understand that (1) the Company has a smoking policy that provides for (1) consent to and compliance with such policy is a condition of my employment and (2) my employment may be terminated due to failure to comply with this policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:

Hearts 'n' Hands is both an equal opportunity employer and a faith-based religious organization. We conduct hiring and treat staff fairly without regard to race, color, ancestry, national origin, citizenship, age, sex, marital status, parental status, political ideology, or disability of an otherwise qualified individual. The status of Hearts 'n' Hands as an equal opportunity employer does not prevent the organization from hiring staff based on their religious beliefs so that all staff shares the same religious commitment.

Thank you for completing this application form and for your interest in the improvement of the lives of adults with special needs.