

Application for Employment

Please Type or Print. Complete the entire application. You may attach a resume, but you must still complete all questions: or your application will be deemed incomplete and not be considered. Please fill out each box (do not just indicate "see Resume.")

Position Applying For:	Name (Last, First, Middle):	Other Names under which you have attended school or been employed:		
Street Address:	City, State & Zip:			
Social Security Number:	Home Phone:	Cell Phone:	Birth Date:	
Are you a citizen of the United States?	Yes No	If No, are you authorized to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	Yes No	If NO, what is your current age?		
Do you have experience working with individuals with developmental disabilities?	Yes No	If YES, Please Explain, use additional pages if needed:		
Do you have a valid driver's license?	Yes No	If YES, State of issuance, license #, and expiration date:		
Have you had a driving violation?	Yes No	If YES, please explain and include date(s):		
Have you been convicted of a felony?	Yes No	If YES, please explain and include date(s):		
Have you ever had a case of abuse substantiated against you? Yes No				

Education

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of completion	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

Work Experience Please Detail your work history. Begin with your current or most recent employer. If you hold multiple positions with the same organization, detail each position separately. Please explain any gaps in employment. Include full-time military or volunteer commitments. **Please Do Not** complete this information with the notation "See Resume." **Please Note:** Strong Heart Homes Inc. reserves the right to contact all current and former employers for reference information.

Dates Employed (Most recent position) From: _____ To: _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If part-time, #hrs/wk: _____	Title: _____
Starting Salary: _____	Organization Name and Address: _____	
Final Salary _____		
Supervisor's Name, Title, and Phone #:	Other Reference Name, Title, and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary Duties: _____	Reasons for leaving: _____	
Dates Employed (Most recent position) From: _____ To: _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If part-time, #hrs/wk: _____	Title: _____
Starting Salary: _____	Organization Name and Address: _____	
Final Salary _____		
Supervisor's Name, Title, and Phone #:	Other Reference Name, Title, and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary Duties: _____	Reasons for leaving: _____	

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or terminate employment if discovered at a later date. I authorize Strong Heart Homes Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in correspondence with this application for employment. If requested I agree to submit to a physical exam, criminal background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is not an offer of employment

Applicant Signature: _____

Date: _____