

Strong Heart Homes Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

"Employer" Strong Heart Homes	Position applying for Direct Support Professional (Caregiver)
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Personal Data			
Name (Last, First, Middle)			Date of Birth
Street Address and/or Mailing Address		City	State Zip
Home Phone Number		Cell Phone Number	
Date you can start work	Are you 18 years or older Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a High School Diploma or GED Yes <input type="checkbox"/> No <input type="checkbox"/>	

Position Information Check all that you are willing to work			
Hours	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Days <input type="checkbox"/> Evenings <input type="checkbox"/>	Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends <input type="checkbox"/>
Status		Regular <input type="checkbox"/> Temporary <input type="checkbox"/>	
Are you authorized to work in the U.S. on an unrestricted basis Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a felony Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, explain:			
Have you ever had a case of abuse substantiated against you? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have experience working with individuals with Developmental disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, explain:			
Do you have a valid drivers license Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, provide State of insurance, license #, and expiration date:			
Do you have any driving violations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain and include date(s):			

Qualifications Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.			
	School Name	Degree	Address/City/State
School			
School			
Other			

Special Skills List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc).			

References Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.			
Name	Address/City/State	Phone	Relationship

Work History Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)				
Job Title #1		Start Date (mo/day/yr)		End Date (mo/day/yr)
Company Name		Supervisor's Name		Phone Number
City		State		Zip
Duties:				
Reason for leaving			Starting Salary	Ending Salary
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
Job Title #2		Start Date (mo/day/yr)		End Date (mo/day/yr)
Company Name		Supervisor's Name		Phone Number
City		State		Zip
Duties:				
Reason for leaving			Starting Salary	Ending Salary
Job Title #3		Start Date (mo/day/yr)		End Date (mo/day/yr)
Company Name		Supervisor's Name		Phone Number
City		State		Zip
Duties:				
Reason for leaving			Starting Salary	Ending Salary
Job Title #4		Start Date (mo/day/yr)		End Date (mo/day/yr)
Company Name		Supervisor's Name		Phone Number
City		State		Zip

Duties:		
Reason for leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an “at will” employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date