

# APPLICATION FOR EMPLOYMENT

## *Hope Services, LLC*

### INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

HOPE SERVICES EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT. HOPE SERVICES LLC POLICY PROHIBITS DISCRIMINATION BASED ON RACE, SEX, COLOR, CREED, NATIONAL ORIGIN, AGE OR DISABILITY.

GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).

LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

**Date of Application:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_  
Last Name    First Name    Middle Name

**Social Security Number:** \_\_\_\_\_ (For Record Keeping and Data Processing Only)

**Address** (Street Number and Name): \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Select the title of job for which you are applying:** Qualified Professional

**Please indicate your Referral Source** (i.e.: CareerBuilder; LinkedIn etc.): \_\_\_\_\_

**EDUCATION AND TRAINING** Mark highest education completed:

High School/GED     College/Undergraduate     Graduate

Schools	Name and Location	Dates Attended (mo/yr) From:                      To:	Grad?	Major/Minor Course Work	Type of Degree Received
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>		

Please list relevant special training programs and seminars you have completed: \_\_\_\_\_

Please list all relevant Licenses and Certifications (giving dates and sources of issuance): \_\_\_\_\_

Please indicate if you have any of the following skills:  Sign Language     Foreign Language (specify) \_\_\_\_\_

**DRIVING RECORD AND CRIMINAL RECORD**

Driver's License  
Number                      State

Have you ever been charged with an offense against the law other than a minor traffic violation? (A charge or conviction does not mean you cannot be hired. The type of offense and how recently you were charged/convicted will be evaluated in relation to the job for which you are applying).

YES     NO (If yes, explain fully on an additional sheet)

WORK HISTORY		Please include all relevant volunteer/internship experience		
Current or Last Employer: (1)		City and State:		
Job Title:		Supervisor's Name	Telephone Number	Email Address
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time    Years    Months <input type="checkbox"/>				
Part Time    Years    Months <input type="checkbox"/>				
If part time, number of hours worked per week:				
Current or Last Employer: (2)		City and State:		
Job Title:		Supervisor's Name	Telephone Number	Email Address
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time    Years    Months <input type="checkbox"/>				
Part Time    Years    Months <input type="checkbox"/>				
If part time, number of hours worked per week:				
Current or Last Employer: (3)		City and State:		
Job Title:		Supervisor's Name	Telephone Number	Email Address
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time    Years    Months <input type="checkbox"/>				
Part Time    Years    Months <input type="checkbox"/>				
If part time, number of hours worked per week:				

Current or Last Employer: (4)		City and State:		
Job Title:		Supervisor's Name	Telephone Number	Email Address
Date Employed (mo/yr)	Starting Salary \$            per	Ending or Current Salary \$            per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time      Years      Months <input type="checkbox"/>				
Part Time      Years      Months <input type="checkbox"/>				
If part time, number of hours worked per week:				

Current or Last Employer: (5)		City and State:		
Job Title:		Supervisor's Name	Telephone Number	Email Address
Date Employed (mo/yr)	Starting Salary \$            per	Ending or Current Salary \$            per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time      Years      Months <input type="checkbox"/>				
Part Time      Years      Months <input type="checkbox"/>				
If part time, number of hours worked per week:				

Current or Last Employer: (6)		City and State:		
Job Title:		Supervisor's Name	Telephone Number	Email Address
Date Employed (mo/yr)	Starting Salary \$            per	Ending or Current Salary \$            per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time      Years      Months <input type="checkbox"/>				
Part Time      Years      Months <input type="checkbox"/>				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

\_\_\_\_\_  
Signature of Applicant (unsigned applications will not be processed)

\_\_\_\_\_  
Date

## Pre Screen Questionnaire

1. In 100 words or less, please describe why you chose to work in the mental health field?
2. \_\_\_\_\_  
Based on the Work History you provided, which was your favorite previous work experience and why?
3. \_\_\_\_\_  
Are you familiar with what a Person Centered Plan (PCP) is? Have you ever developed, revised or used one?
4. \_\_\_\_\_  
Have you ever used therapeutic holds or physical restraints?
5. \_\_\_\_\_  
How many months or years full time equivalent experience do you have working directly with children in the mental health field?
6. \_\_\_\_\_  
What are your salary requirements?
7. \_\_\_\_\_  
Please list at least **three** professional references (list name, job title, relationship, phone number and email address).
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_