

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, LLC 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

PERSONAL INFORMATION

Social Security Number (optional): _____

(For Record Keeping and Data Processing Only)

Address: _____

City: _____ **State:** _____ **County:** _____ **Zip Code:** _____

Phone: _____

Email Address: _____

Title of job for which you are applying: _____

Referral Source (i.e. Career Builder, LinkedIn, etc.): _____

EDUCATION, TRAINING, AND CERTIFICATION

Mark the highest level of education you have completed:

High school/GED College/Undergraduate Graduate

Schools	Name and Location	From (MM/YY)	To (MM/YY)	Grad?	Major/Minor	Type of Degree Received
College(s) or University(s)				Yes		
				No		
Graduate or Professional				Yes		
				No		

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

Please list all relevant Licenses and Certifications (include dates and sources of issuance):

Mark any of the following skills you have:

Sign Language Language Besides English

If yes, please specify language: _____

DRIVING AND CRIMINAL RECORD

Driver's License **Number:** _____ **State:** _____

Have you ever been charged with an offence 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:

Empty rectangular box for providing an explanation if the answer to the question above is "Yes".

WORK HISTORY

(Please include all relevant volunteer/internship experience)

(1) Current or Last Employer:		City and State:	
Job Title:	Supervisor's Name:	Phone Number:	Email Address:
Date Employed (MM/YY):	Starting Salary: \$ _____ per _____	Reason for Leaving:	May We Contact Employer? ___ Yes ___ No
Date Separated (MM/YY):	List major duties in order of importance to the job:		
___ Full Time Years: _____ Months: _____			
___ Part Time Years: _____ Months: _____			
If Part Time, number of hours worked per week: _____			

(2) Current or Last Employer/Past Employer:		City and State:	
Job Title:	Supervisor's Name:	Phone Number:	Email Address:
Date Employed (MM/YY):	Starting Salary: \$ _____ per _____	Reason for Leaving:	May We Contact Employer? ___ Yes ___ No
Date Separated (MM/YY):	List major duties in order of importance to the job:		
___ Full Time Years: _____ Months: _____			
___ Part Time Years: _____ Months: _____			
If Part Time, number of hours worked per week: _____			

(3) Past Employer:		City and State:	
Job Title:	Supervisor's Name:	Phone Number:	Email Address:
Date Employed (MM/YY):	Starting Salary: \$ _____ per _____	Reason for Leaving:	May We Contact Employer? ___ Yes ___ No
Date Separated (MM/YY):	List major duties in order of importance to the job:		
___ Full Time Years: _____ Months: _____			
___ Part Time Years: _____ Months: _____			
If Part Time, number of hours worked per week: _____			

(4) Past Employer:		City and State:	
Job Title:	Supervisor's Name:	Phone Number:	Email Address:
Date Employed (MM/YY):	Starting Salary: \$ _____ per _____	Reason for Leaving:	May We Contact Employer? ___ Yes ___ No
Date Separated (MM/YY):	List major duties in order of importance to the job:		
___ Full Time Years: _____ Months: _____			
___ Part Time Years: _____ Months: _____			
If Part Time, number of hours worked per week: _____			

(5) Past Employer:		City and State:	
Job Title:	Supervisor's Name:	Phone Number:	Email Address:
Date Employed (MM/YY):	Starting Salary: \$ _____ per _____	Reason for Leaving:	May We Contact Employer? ___ Yes ___ No
Date Separated (MM/YY):	List major duties in order of importance to the job:		
___ Full Time Years: _____ Months: _____			
___ Part Time Years: _____ Months: _____			
If Part Time, number of hours worked per week: _____			

(6) Past Employer:		City and State:	
Job Title:	Supervisor's Name:	Phone Number:	Email Address:
Date Employed (MM/YY):	Starting Salary: \$ _____ per _____	Reason for Leaving:	May We Contact Employer? ___ Yes ___ No
Date Separated (MM/YY):	List major duties in order of importance to the job:		
___ Full Time Years: _____ Months: _____			
___ Part Time Years: _____ Months: _____			
If Part Time, number of hours worked per week: _____			

By typing or signing my name below, 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.)

Typed or Written Signature of Applicant **(unsigned applications will not be processed)**

Date

PREScreen 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. Have you had Clinical Supervision in your current or past positions? If so, please list the position and amount of Supervision.
7. What are your salary requirements?

8. Please list at least **three** professional references.

Reference 1 (Required)	Name:
Job title:	Relationship:
Phone Number:	Email Address:
Reference 2 (Required)	Name:
Job title:	Relationship:
Phone Number:	Email Address:
Reference 3 (Required)	Name:
Job title:	Relationship:
Phone Number:	Email Address:
Reference 4	Name:
Job title:	Relationship:
Phone Number:	Email Address:
Reference 5	Name:
Job title:	Relationship:
Phone Number:	Email Address:
Reference 6	Name:
Job title:	Relationship:
Phone Number:	Email Address: