



have a heart, inc.

APPLICATION FOR EMPLOYMENT

Thank you for your interest in our non-profit organization. A clear understanding of your background and work history will assist us in determining if you are the best candidate to meet the needs of those we serve.

We are an equal opportunity employer.

Date: _____

Referred by: _____

Name: _____

Cell Phone: _____

Address: _____

Home Phone: _____

POSITION FOR WHICH APPLICATION IS BEING MADE

Position Desired: _____

Date Available for Employment: _____

Hours Available: Part-time Mornings Awake Night

Full-time Afternoons Relief Sleep

*Please be aware that your available hours may impact Have a Heart, Inc.'s ability to offer you a position.

SPECIAL SKILLS

Yes No

CPR Certified?

Other Training: _____

Expiration Date of Certification: _____

Yes No

CBRF Medication Certified?

Yes No

Fire Safety Certified?

EDUCATION

Name Dates Location Did you Graduate?

High School:

College:

Other:

PERSONAL INFORMATION

This information is imperative to know as we assure the organization's licensing requirements and job duties of each position can be met.

___ Yes ___ No Do you have a current driver's license?

___ Yes ___ No Do you have reliable transportation?

___ Yes ___ No Do you have automobile liability insurance, as required by state law?

Company _____ Policy Number _____ Expiration Date _____

WITHIN THE PAST 3 YEARS, HAVE YOU HAD ANY:

___ Yes ___ No Traffic/moving violations (including parking)?

If yes, explain briefly: _____

___ Yes ___ No Aggravated violations (DUI/DWI, careless/reckless driving)?

If yes, explain briefly: _____

___ Yes ___ No Accidents (fault and/or no-fault)?

If yes, explain briefly: _____

___ Yes ___ No Have you ever been convicted of a felony?

If yes, explain briefly: _____

List any special skills, hobbies, or interests you have that would be beneficial to the organization and the clients we serve:

EMPLOYMENT HISTORY

List below present and past employers, beginning with the most recent.

1. Employer:

| | | |
|----------------------------------|---------------------|---------------------|
| Dates of employment: | Job Title: | Hourly Rate/Salary: |
| <hr/> | | |
| Address: | Phone: | Supervisor: |
| <hr/> | | |
| Job Duties and Responsibilities: | Reason for Leaving: | |
| <hr/> | | |

2. Employer:

| | | |
|----------------------------------|---------------------|---------------------|
| Dates of employment: | Job Title: | Hourly Rate/Salary: |
| <hr/> | | |
| Address: | Phone: | Supervisor: |
| <hr/> | | |
| Job Duties and Responsibilities: | Reason for Leaving: | |
| <hr/> | | |

2. Employer:

| | | |
|----------------------------------|---------------------|---------------------|
| Dates of employment: | Job Title: | Hourly Rate/Salary: |
| <hr/> | | |
| Address: | Phone: | Supervisor: |
| <hr/> | | |
| Job Duties and Responsibilities: | Reason for Leaving: | |
| <hr/> | | |

Yes No

Have you ever been employed by Have a Heart, Inc. in the past?

If yes, give date(s), position(s), etc.: _____

Yes No

Have you ever been disciplined or asked to leave a position?

If yes, explain briefly: _____

REFERENCES

Being able to receive information about your work abilities is very important as we consider forming an employment partnership with you.

Please list three professional references, other than previous supervisors as we will contact them independently, who would be willing to comment on your work abilities.

1. Name: _____ Phone: _____ Length of Time Known: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____ Length of Time Known: _____

Address: _____ Relationship: _____

3. Name: _____ Phone: _____ Length of Time Known: _____

Address: _____ Relationship: _____

I authorize this organization to contact the above listed reference names, and my present and previous employers for reference checks and comments on my work abilities.

Signature of Applicant

Date

I authorize this organization to investigate any statements contained in this application.

I understand that my driving record will be checked and an application for a criminal background study will be filed.

I further understand that, if interviewed, I will receive the physical requirements for the applicable position(s) and will be asked to verify my ability to perform them.

I understand that, upon hire, my hiring and continued employment will be subject to the conditions of employment required by licensing and regulatory agencies, and by the policies of Have a Heart, Inc.

I understand that any misrepresentation or omission of material fact on this application form, or in the course of the application and/or hiring process, may prevent me from being hired, or if hired, is cause for immediate termination of employment.

If employed previously by Have a Heart, Inc. my former personnel record(s) will be available to the hiring supervisor. The hiring supervisor may also contact any of my previous Have a Heart, Inc. supervisors still employed by Have a Heart, Inc.

Signature of Applicant

Date

The mission of Have-A-Heart, Inc. is to provide physical, emotional, vocational, and social support programs across the lifespan of persons with physical and developmental disabilities and their families. Support provisions for persons with disabilities include an on-site weekend respite program, in-home support services, social activities, vocational program provision and referral, long-term group home living, and more. Support for families is offered through education, social networking, referral, and other opportunities. Have-A-Heart, Inc. carries out its mission using dollars derived from service provision fees, United Way grants, foundation grants, and generous private donations. All monies received are used to directly support persons with disabilities to enhance their capabilities and quality of life.