

HANNAH'S HOUSE
HANNAH'S HOUSE APPLICATION

We offer equal employment opportunity to all applicants based on individual merit and ability, without regard to race, color, national origin, gender, age, handicap or marital status.

(PLEASE PRINT)

Position(s) Applied For				Date of Application	
Last Name		First Name		Middle Name	
Address Number	Street	City	State	Zip Code	
Phone Numbers Home		Work		Other	
Social Security Number			Birth Date		

Schooling	Name & Address	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate Degree				
Graduate/ Professional				
Other				

List Professional Licenses and Registrations

Your original professional or vocational license or registration	State	Number	Expiration Date

License was granted by:

- Examination
- Waiver
- Endorsement

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Are you 18 years of age or older? Yes____ No____

Have you ever filed an application with us before? Yes____ No____
If Yes, give date

Do any of your friends or relatives work or volunteer here? Yes____ No____

Were you ever employed at a maternity home? Yes____ No____
If Yes, give name, address and phone

Are you currently employed? Yes____ No____

May we contact your current employer? Yes____ No____

Are you prevented from lawfully becoming employed in the U.S. because of Visa or Immigration Status? Yes____ No____

Are you currently laid off and subject to recall? Yes____ No____

Have you ever participated in or been accused, charged or convicted of child abuse or child molestation? Yes____ No____

Have you ever been convicted of a felony?

Yes____ No____

If yes, please explain on a separate sheet of paper.

Date available to work: _____

Salary range desired: _____

What is the best time to contact you at home? _____

Are you available during the following times. (House parents only)

- Full Time (Sunday afternoon – Friday afternoon)
- Part Time (Friday afternoon – Sunday afternoon)
- Temporary (Please indicate dates available _____ through _____)

Summarize special job-related skills and qualifications.

Empty box for summarizing special job-related skills and qualifications.

Personal/Professional References

(Include your pastor, a personal, and a professional reference. Do not include family members.)

References	Name	Address	Phone	Occupation
Your Pastor				
Personal				
Professional				

Work Experience (Start with your current or last job and include any job-related military service or volunteer activities.)

Employer Address Telephone Number	Dates Employed		Work Performed
	From	To	
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
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Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Are you capable of performing in a reasonable manner, with or without reasonable accommodations, the activities involved in the job for which you have applied?

Yes____ No____

NOTE: Do not answer this question unless you have been informed about the requirements of the job.

APPLICANT'S STATEMENT

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize Hannah's House to conduct a criminal background investigation.

Further, I certify that copies of this statement constitute authorization for any past employers, companies, schools, universities, and persons to provide Hannah's House with any and all information they have regarding my employment or academic record including, but not limited to, performance, attendance, attitude, ability and conduct.

I hereby release said past employers, companies, schools, universities, and persons from all liability for any damage for providing such information.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an *At Will* nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this *At Will* employment relationship may not be changed by any written document or by conduct unless an authorized executive of this company specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer. Further, I understand that I may be required to submit to an employment physical examination for the purpose of determining whether I have any physical or medical impairments or contagious diseases which might interfere with my ability to do the job for which I have been hired.

I also hereby certify that the answers given in this employment application are true and complete to the best of my knowledge.

Signature of Applicant:

Date: