EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages pf this application.
- □ Print clearly. Incomplete or illegible applications may not be accepted.
- □ If more space is needed to complete any question, use comments section on the back.
- Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with Holding Hands Inc. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

PERSONAL INFORMATION

Today's Date:					
Positions(s) Applied For:					
Name:					
Last	First			Middle	
Current Address:	Street				
Drovieus Address		City		State	Zip Code
Previous Address:	Street	City		State	Zip Code
Social Security Number:		Date of Birth: _			
Home Phone: ()		Work Phone: ()		
Cell Phone: ()		Alternate Phor	ie: () _		
Emergency Contact(s):)		
	Name		Pho	ne	
)		
	Name		Pho	ne	
Valid Driver's License #:		State Issued:	Exp.	Date:	
Make & Model of Vehicle:			_Year of veh	icle:	
Auto In Co:	Policy #		_ Exp Date:_		

Have you previous applied for employment or been employed by Holding Hands Inc.? Yes / No... If yes, when?

How did you hear about our Holding Hands Inc.? _____

Are you at least 18 years of age? Yes / No

Are you a U.S. citizen or alien authorized to work in the United States? Yes / No

Do you have a high school Diploma or GED? Yes / No

Have you continuously lived in the state of Ohio for the past 5 Years? Yes / No

Have you ever been a charged perpetrator or appeared on any abuse registry in the last 5 years? Yes / No.

Have you ever been convicted of a felony or crime? Yes / No... If yes, please provide details?

AVAILABILITY

Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked.

What date are you available to begin work? ______

Please complete all areas of availability:

MorningsAfternoon	Evenings	Overnights	Weekdays	Weekends
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Please indicate the days of the week as well as the earliest and latest times that you are available for work.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift	From:							
	To:							

PREFERENCES

Please indicate all areas of the city in which you are willing to work: ____Cuyahoga County ____Lake County _____Geauga County

Please check the types of services which you are willing to provide:

Companionship	Housekeeping (dust/vacuum)	Errands/Shopping/Transportation*
Meal Preparation	Laundry/Ironing	Personal Care
Activities (games/crafts)	Medication Reminders	Dementia/Alzheimer's Care

Are	vou willina to	provide service	to a client with a p	et? Yes / No	If yes, which ones:	Cats	Dogs
	,				, , , , , , , , , , , , , , , , , , ,		

Are you willing to provide service to a client that smokes? Yes / No

JOB RELATED SKILLS

Describe any training or life skills you have that apply to caring for a consumer with a developmental disability:

Describe any work history you have that would apply to caring for a consumer with a developmental disability:

What do you like most about working with individuals with a disability?

What do you like least about working with an individual with a disability?

EDUCATION

Please circle highest grade completed:

High School: 9 10 11 12 College: 13 14 15 16 16+

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y / N
Vocational/Technical					Y / N
College/University					Y / N

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? Yes / No If yes, may we contact? Yes / No

Company Name	City	State	() Phone Number
Dates Employed: From to	Job Title		Supervisor's Name
Duties			
\$ per Salary (Hour, Week, Month)	Reason for Leaving		

SECOND MOST RECENT EMPLOYER

			()
Company Name	City	State	Phone Number
Dates Employed: From to			
	Job Title		Supervisor's Name
Duties			
\$ per Salary (Hour, Week, Month)			
Salary (Hour, Week, Month)	Reason for Leaving		
THIRD MOST RECENT EMPLOYER			
			()
Company Name	City	State	Phone Number
Dates Employed: From to			
	Job Title		Supervisor's Name
Duties			
\$ per			
Salary (Hour, Week, Month)	Reason for Leaving		

REFERENCES (Do not include relatives)

Please complete all three references. <u>Your application will not be considered unless three references are provided</u>. Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

		Best Time of		Number of
Full Name	Phone Number	Day to Call	Relationship	Years Known
	H()W	AM / PM		
1)	()	AM / PM		
	H()W	AM / PM		
2)	()	AM / PM		
0)	H()W	AM / PM		
3)	()	AM / PM		

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between *Holding Hands Inc.*, and myself is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.