

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 of 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 City State Zip Code

Previous Address: _____
Street City State Zip Code

Social Security Number: _____ Date of Birth: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Alternate Phone: (_____) _____

Emergency Contact(s): _____ (_____) _____
Name Phone

_____ (_____) _____
Name Phone

Valid Driver's License #: _____ State Issued: _____ Exp. Date: _____

Make & Model of Vehicle: _____ Year of vehicle: _____

Auto In Co: _____ Policy # _____ Exp Date: _____

Have you previously 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:

_____ Mornings _____ Afternoon _____ Evenings _____ Overnights _____ Weekdays _____ Weekends

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:

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Housekeeping (dust/vacuum)	<input type="checkbox"/>	Errands/Shopping/Transportation*
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry/Ironing	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Activities (games/crafts)	<input type="checkbox"/>	Medication Reminders	<input type="checkbox"/>	Dementia/Alzheimer's Care

Are you willing to provide service to a client with a pet? 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 _____ Reason for Leaving
Salary (Hour, Week, Month)

