



APPLICATION FOR EMPLOYMENT

Hope Homes, Inc. is fully committed to Equal Employment Opportunity (EEO) and to attracting, retaining, developing and promoting the most qualified employees without regard to their race, gender, color, religion, sexual orientation, national origin, age, physical or mental disability, citizenship status, veteran status, or any other characteristic prohibited by state or local law. **We are dedicated to providing a work environment free from discrimination and harassment, and where employees are treated with respect and dignity.**

Directions:

- If you have Microsoft Word, save this document to your computer, tab-and-type to complete the application, print it, sign where required, and submit it to Hope Homes, Inc.
- If you have Microsoft Works, you can download a FREE version of OpenOffice (which will allow you to complete this form) at www.openoffice.org.
- If you would rather not download the software, you can print this document and then print your answers using blue or black ink. A PDF version is also available upon request. If you do decide to print, please write neatly – an illegible application may affect your chances for consideration.

Position you are applying for: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

CURRENT ADDRESS

Street & Apt # _____

City _____ State _____ Zip _____

PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)

Street & Apt# _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Social Security Number _____ - - _____ Driver's License # _____ State _____

I am a US citizen or otherwise authorized to work in the United States on an unrestricted basis: Yes No

If applicable, please list your visa type, visa # and expiration: _____

Have you ever been convicted of a felony? Yes No

If you answered yes, please explain

Have you ever served in the US Military? Yes No

If yes, what branch of service? _____ Rank at time of separation _____

Service start date _____ Service end date _____

Special honors _____



Last Name

First Name

Middle Name

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYER

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Your Position _____ Salary _____

Duties _____

Date Start _____ Date End _____

Supervisor _____ Title _____ May we contact? Yes No

Reason for leaving: _____

PRIOR EMPLOYER

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Your Position _____ Salary _____

Duties _____

Date Start _____ Date End _____

Supervisor _____ Title _____ May we contact? Yes No

Reason for leaving: _____

PRIOR EMPLOYER

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Your Position _____ Salary _____

Duties _____

Date Start _____ Date End _____

Supervisor _____ Title _____ May we contact? Yes No

Reason for leaving: _____



Last Name _____ First Name _____ Middle Name _____

EDUCATION

HIGH SCHOOL

Name _____ Date Start _____ Date End _____

Address _____ City _____ State _____ Zip _____

Did you graduate? Yes No If you did not graduate, did you receive your GED? Yes No

Special honors or awards

TECHNICAL OR VOCATIONAL SCHOOL

Name _____ Date Start _____ Date End _____

Address _____ City _____ State _____ Zip _____

Did you graduate? Yes No Degree or Certification _____ Specialty _____

Special honors or awards

COLLEGE OR UNIVERSITY

Name _____ Date Start _____ Date End _____

Address _____ City _____ State _____ Zip _____

Did you graduate? Yes No Degree or Certification _____ Major _____

Special honors or awards

COLLEGE OR UNIVERSITY

Name _____ Date Start _____ Date End _____

Address _____ City _____ State _____ Zip _____

Did you graduate? Yes No Degree or Certification _____ Major _____

Special honors or awards



Last Name

First Name

Middle Name

POSITION INFORMATION

Position you are applying for _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be willing to work on weekends? Yes No

Are you willing to travel for the job? Yes No

When would you be able to start? _____

Desired salary _____ per _____

SKILLS: PLEASE DESCRIBE ANY SKILLS YOU HAVE IN THE FOLLOWING AREAS:

Computer

Languages
Spoken
(other than
English)

Other

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am selected employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I also authorize Hope Homes, Inc., to investigate any aspect of my prior educational and employment history, request a report(s) from the Ohio Bureau of Criminal Identification & Investigation, the Ohio Bureau of Motor Vehicles, and other Consumer Reporting Agencies to be used for employment screening purposes now or in the future.

Furthermore, I understand that if I am selected as an employee, this experience is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature _____ Date _____



AFFIRMATIVE ACTION: VOLUNTARY INFORMATION

Completion of information below is voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. This information will be used and kept confidential in accordance with applicable laws and regulations.

Hire Information

Position(s) applied for _____ Date _____

How did you hear about the opening? Hope Homes Website Government Employment Agency Walk-In Other Website: Private Employment Agency School Employee: Advertisement: Other:

Applicant Information

Last Name _____ First Name _____ Middle Name _____

Street & Apt # _____

City _____ State _____ Zip _____

Telephone _____ Gender Male Female

Veteran Status Information

Home Homes, Inc. is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans, veterans of the Vietnam era, recently separated veterans, and other protected veterans. If you are a veteran of the Vietnam era, recently separated veteran, or other protected veteran, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential with the following exceptions:

- (i) supervisors and managers may be informed regarding restrictions on the work or duties of special disabled veterans and regarding necessary accommodations;
- (ii) first aid and safety personnel may be informed, when and to the extent appropriate if you have a condition that might require emergency treatment; and
- (iii) government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act may be informed.

Please check ALL boxes that apply to you:

I am a veteran of the Vietnam era. A person who: (a) served on active duty for a period of time more than 180 days and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred in (i) the Republic of Vietnam between February 28, 1961, and May 7, 1965, or (ii) between August 5, 1964, and May 7, 1975, in all other cases; OR (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).



- I am a recently separated veteran. Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- I am an other protected veteran. A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense.
- I would like to be included under the company's affirmative action program (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans, and other protected veterans. Please note that you may make this request at this time and/or any time in the future.
- None of the above apply to me.

EEO Self Identification

Please check the ONE box that best applies to you:

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin; regardless of race.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korean, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) – A person who identifies with more than one of the races above, excluding Hispanic or Latino.

Signature _____ Date _____

FOR ADMINISTRATIVE PURPOSES ONLY

Hired? Yes No Position: _____

From the EEO job classifications listed below, which one best describes the position applicant applied for and/or filled?

- | | | |
|--|--|---|
| <input type="checkbox"/> Executive/Senior Level Officials and Managers | <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers |
| <input type="checkbox"/> First/Mid-Level Officials & Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives |
| <input type="checkbox"/> Administrative Support Workers | <input type="checkbox"/> Professionals | <input type="checkbox"/> Laborers and Helpers |
| <input type="checkbox"/> Service Workers | | |

Notes:

Signature _____ Title _____ Date _____

Note: This form is to be filed separately from employment application.



NON-CRIMINAL BACKGROUND SIGN-OFF

As provided by law, applicants for employments must be willing to submit to a criminal check. All applicants under final consideration for employment shall be fingerprinted for the purpose of checking for criminal background. Also, current employees must be willing to submit to criminal background checks as required by law, and/or periodically by Hope Homes, Inc. Hope Homes is prohibited from employing persons with unacceptable criminal backgrounds. An unacceptable criminal background shall be defined as an applicant's or employee's background which includes, but is not limited to, a conviction of or guilty plea to one of the following crimes:

- List of criminal offenses including Aggravated Murder, Voluntary Manslaughter, Felonious Assault, Sexual Battery, Robbery, Burglary, Theft, etc.

A violation of §2919.23 that would formerly have Violated §290.504

A violation of §2925.11 that is not a minor drug possession offense

I, _____ hereby attest that I have not been convicted of, nor pled guilty to, any of the above listed criminal offenses. I must notify Hope Homes, Inc. within 14 calendar days if ever formally charged with, convicted of, or plead guilty to any such formal charges. I further understand that failure to report may result in termination of employment.

Signature

Date



MOTOR VEHICLE GUIDELINES

Unacceptable drivers cannot be hired new. If you become an unacceptable driver while employed, you need to be transferred to an overnight (non-driving) shift if one is available.

I. Unacceptable Drivers are defined as:

- A. A driver with any one of the following serious violations in the last three years
 - 1. DWUI/DWI – Drugs or Alcohol
 - 2. Hit and Run
 - 3. Failure to report an accident
 - 4. Negligent homicide using a motor vehicle
 - 5. Driving while license is suspended or revoked
 - 6. Using a motor vehicle for the commission of a felony
 - 7. Operation a motor vehicle for the commission of a felony
 - 8. Permitting an unlicensed to drive
 - 9. Reckless driving
 - 10. Speed contest
 - 11. Illegal passing of a school bus
 - 12. Other violations considered serious by state law
- B. Any Driver with more than two (2) serious violations committed between three (3) and eight (8) years ago.
- C. Any combination of accidents (regardless of fault) and other moving violations which total three (3) during the previous three (3) years.
- D. A driver with an international or foreign driver's license.
- E. Any one licensed less than three (3) years regardless of age.
- F. Any driver who is not licensed in the state where they reside within the required time.

II. Drivers 21 years and younger

- A. Drivers 21 years of age and younger are assigned marginal status if not deemed unacceptable.
- B. Drivers 21 years of age and younger are held to criteria A, B, C, D, E and F in section I.
- C. Drivers 21 years of age and younger are unacceptable if they have the following:
 - 1. Two (2) or more accidents (regardless of fault) or violation in the last three years.
 - 2. Two (2) or more violations (any type) in the last three years.

I have read and understand this policy regarding unacceptable drivers and shall abide by these guidelines should Hope Homes, Inc. hire me.

Signature _____

Date _____



AUTHORIZATION FOR RELEASE AND USE OF CONSUMER REPORTS

As part of Hope Homes, Inc.'s procedures for processing employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a criminal background check, motor vehicle records check, and/or other consumer reports may be obtained by Hope Homes, Inc. I have been given a separate document entitled Notice of Use of Consumer Reports informing me of this.

I understand that a Consumer Reporting Agency may not give out information about me without my written consent. I understand that no report containing medical information about me will be provided to Hope Homes, Inc. without my specific prior consent releasing such information which is in addition to my general authorization below.

I hereby authorize Hope Homes, Inc. to request a report(s) from the Ohio Bureau of Criminal Identification & Investigation, the Ohio Bureau of Motor Vehicles, and other Consumer Reporting Agencies to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future.

I hereby authorize and request that any present or former employer, school, police department, financial institution, or other person having information or knowledge about me furnish such information to the bearer of this authorization in connection with an application for employment.

I agree to release and discharge Hope Homes, Inc., its employees, officers, agents, affiliates and shareholders from any and all claims, rights of action or liability of any kind or nature that could result from Hope Homes, Inc.'s use or reliance upon the information contained in such consumer reports.

Acknowledged:

Signature

Date

Printed Name

Date of Birth

Social Security Number

Original – file; Copy to Applicant/Employee



Serving Adults with Developmental Disabilities

PLEASE TAKE A MINUTE TO READ THE FOLLOWING REQUEST!!

After this page are 3 reference checks for 3 previous employers. You are required to fill out everything which is shaded.

Please be sure that you have entered the FULL addresses on all 3 reference forms—as well as signed under the applicant’s signature—so that we may mail them immediately and be able to process your application quickly.

We will not be able to consider you for employment until we have all 3 reference sheets returned.

Thank you.



PRE-EMPLOYMENT REFERENCE CHECK

Please mail or fax to Hope Homes when completed.

ATTENTION _____
 EMPLOYER _____
 ADDRESS _____
 CITY/STATE/ZIP _____

FROM: Barb Tisch
 Hope Homes, Inc.
 2300 Call Rd
 Stow OH 44224
 PHONE: 330-686-5342 EXT 103
 FAX: 330-686-5347

AUTHORIZATION:

I hereby authorize you to provide any information you may make available regarding my job performance and character.

Applicant Name	_____	Social Security Number	_____
Signature	_____	Date	_____

Dear Employer,

One of your former employees has recently applied for a position with our company. We ask that you verify his/her service and return the form as soon as possible. ***This information will be kept confidential.*** Thank you for taking the time needed to complete this form.

Please Verify Information Below

Employment was from _____ to _____ Correct Incorrect

If incorrect, please provide correct dates _____ to _____

Starting position _____ Correct Incorrect

If incorrect, please provide correct information _____

Last position _____ Correct Incorrect

If incorrect, please provide correct information _____

Applicant's reason for leaving _____ Correct Incorrect

If incorrect, please provide correct information _____

Please note applicant's strengths _____

Please note applicant's weaknesses _____

Would you rehire this applicant? Yes No **Why?** _____

Signature & title of person verifying information _____ Date _____



PRE-EMPLOYMENT REFERENCE CHECK

Please mail or fax to Hope Homes when completed.

ATTENTION
EMPLOYER
ADDRESS
CITY/STATE/ZIP

FROM: Barb Tisch
Hope Homes, Inc.
2300 Call Rd
Stow OH 44224
PHONE: 330-686-5342 EXT 103
FAX: 330-686-5347

AUTHORIZATION:

I hereby authorize you to provide any information you may make available regarding my job performance and character.

Applicant Name
Signature
Social Security Number
Date

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Applicant's reason for leaving Correct Incorrect

If incorrect, please provide correct information

Please note applicant's strengths

Please note applicant's weaknesses

Would you rehire this applicant? Yes No Why?

Signature & title of person verifying information Date



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Please note applicant's weaknesses

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