



HOME LIFE

Employment Application

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address			Apartment/Unit #	
City	State	ZIP		
Phone	E-mail Address			
Message Phone			Date Available to Start?	
Position(s) applying for				
Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	Substitute: <input type="checkbox"/>	Swing: <input type="checkbox"/>	Graveyard: <input type="checkbox"/>
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have a good driving record? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have a personal vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have current Auto Insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever had any founded reports of child abuse or substantiated adult abuse.				YES <input type="checkbox"/> NO <input type="checkbox"/>
Did a Home Life Employee refer you to us? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, who?		

Where did you hear about this job opening? _____

List the days & times you are available for work? _____

Describe any experience you have working with developmental disabilities or mental illness: _____

EDUCATION				
High School				
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, have you completed GED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College			Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other			Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

PERSONAL REFERENCES

Please list three personal references.

Full Name	Relationship
Company	Phone ()
Address	Years Known?
Full Name	Relationship
Company	Phone ()
Address	Years Known?
Full Name	Relationship
Company	Phone ()
Address	Years Known?

OTHER INFORMATION

Please list all current certificates that you have earned including CPR and First Aid: _____

Why do you want to work at Home Life? _____

What kind of Supervisor do you prefer to work with? _____

What job have you enjoyed the most and why? _____

What job have you enjoyed the least and why? _____

PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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DISCLAIMER AND SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge. I FURTHER UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION CAN BE CONSIDERED SUFFICIENT GROUNDS FOR DISCHARGE.

As part of my application for employment at Home Life, I hereby consent to and authorize the release of any and all information to Home Life which may be considered in evaluating my qualifications for employment. I therefore release all parties and persons connected with any request for information from all claims, liability and/or damages for whatever reason arising out of furnishing such information.

Signature

Date

Individual Driver Questionnaire

General Information

Name _____

Driver's License # _____ Issuing State _____ Exp. Date _____

Any License Restrictions? _____

DRIVING RECORD

Has your driver's license ever been suspended or revoked? Yes No

If yes, for what reason(s) and how long? _____

Have you ever been convicted of any traffic violations or convictions? Yes No

Date	Type of Violation or conviction	Fine or penalty

Have you ever been involved in any accidents? Yes No

Date	Brief Description	Who was at fault?

By signing this document, I declare that all information provided is true and correct. I understand that a motor vehicle report will be ordered utilizing the information that I have provided. This report will give a full description of violations, convictions, suspensions, or accidents that I have been involved in for the past three years and this report is a condition of my insurability with Home Life's Company.

Date _____ Signature _____