



Employment Application

Gift of Hope

W.J. Cook & Associates Inc.

Name: _____ Phone: _____
 First **Middle** **Last**

Address: _____
 Street **City** **State** **Zip Code**

Email: _____

Position Applying for: Group Home Mentoring MHSB **Date Available:** _____

Status Desired: Full-Time Part-Time Relief Any Available

*Indicate what shift you are able to work (Group Home or Mentoring candidate only):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other							

Have you ever applied for a position at Gift of Hope before? Yes No

Please indicate if there are any physical limitations that may prevent you from running, climbing, kneeling, and lifting.

Do you have any medical difficulties that may affect your ability to perform these tasks? Yes No

If yes, please explain:

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain:

Education	Name & Location	Graduation Date	Degree or Studies
High School/GED	Name: _____		
	Location: _____		
College/University	Name: _____		
	Location: _____		
College/University/Graduate School	Name: _____		
	Location: _____		
Vocational/Military	Name: _____		
	Location: _____		

Please check all that apply: Paraprofessional QMHP-T QMHP-C QMHP-A LMHP (-R & -S)

Are you currently First Aid & CPR certified? Yes No If yes, expiration date: _____

Employment History (Please list all employment starting with present or most recent employer.)

Employer Name:			
Address:		Phone:	
Date of Employment:	-		
Your Job Title:		Supervisor:	
Reasons for Leaving:			
Brief Description of Duties:			
Employer Name:			
Address:		Phone:	
Date of Employment:	-		
Your Job Title:		Supervisor:	
Reasons for Leaving:			
Brief Description of Duties:			
Employer Name:			
Address:		Phone:	
Date of Employment:	-		
Your Job Title:		Supervisor:	
Reasons for Leaving:			
Brief Description of Duties:			
Employer Name:			
Address:		Phone:	
Date of Employment:	-		
Your Job Title:		Supervisor:	
Reasons for Leaving:			
Brief Description of Duties:			

Applicant's statement:

With my signature below, I certify that the answers given here are true and completed to the best of my knowledge. I authorize investigation of all statements contained in this application for employment which may be necessary regarding an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of Gift of Hope.

Signature

Date