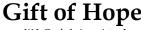


Employment Application Gift of Hope W.J. Cook & Associates Inc.



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?	Name:				Pł	none:		
Street City State Zip Code Email: Position Applying for:	Firs	st	Middle	Last				
Email: Position Applying for: Group Home Mentoring MHSB Date Available:					:a	Chaha	7in Code	
Position Applying for: Group Home Mentoring MHSB Date Available:					ity	State	ZIP Code	
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		for: □Gro	oun Home	□Mentoring	□MHSB	Date	Δvailable·	
*Indicate what shift you are able to work (Group Home or Mentoring candidate only): Monday Tuesday Wednesday Thursday Friday Saturday Sunday	i osition Applying		oup morne	_ wientoring		Dutt		
Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Status Desired:	□ Full-	-Time	□ Part-Time	□R	elief	☐ Any Availa	ible
Day	*Indicate what sh	nift you are al	ble to work (0	Group Home or Mer	ntoring candidat	e only):		
Evening		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Overnight	,							
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 Location: L		片					片片	
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		<u> </u>		_		_		
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	Have you ever applie	d for a position	on at Gift of F	lope before? □	Yes □No			
Do you have any medical difficulties that may affect your ability to perform these tasks?	Dlassa indicata if the	re are any nh	vcical limitati	ons that may prev	ent you from	running climb	ning knooling	and lifting
If yes, please explain: Have you ever been convicted of a crime other than a minor traffic violation? Yes			=		=	_		and minig.
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain: Education	If you place explain:		•					
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Education Name & Location Graduation Date Degree or Studies	Have vou ever heen o	onvicted of a	a crime other	than a minor traf	fic violation?	□Yes □No	ı	
Education Name & Location Graduation Date Degree or Studies Name:	•	on reced or e		than a million than	ne violation.			
High School/GED Location: Location: College/University Location: Lo	ii yes, piease expiaiii.							
High School/GED Location:								
High School/GED Location: Name: Location: College/University/ Graduate School Vocational/ Military Name: Location: Location:	Education		Name & Lo	ocation	Graduat	tion Date	Degree	or Studies
College/University College/University/ Graduate School Vocational/ Military Name: Location: Location: Location:		Name:						
College/University/ Graduate School Vocational/ Military Name: Location: Name: Location:	High School/GED	Location:						
College/University/ Graduate School Vocational/ Military Name: Location: Name: Location:								
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College/University/ Graduate School Location: Vocational/ Military Name: Location:		Name						
Graduate School Location: Name: Vocational/ Military Location:	College/University/							
Vocational/ Military Location:		Location:						
Vocational/ Military Location:								
Military Location:	Vocational/	Name:						
Please check all that apply: ☐ Paraprofessional ☐ QMHP-T ☐ QMHP-C ☐ QMHP-A ☐ LMHP (-R & -S)	-	Location:						
Please check all that apply: ☐ Paraprofessional ☐ QMHP-T ☐ QMHP-C ☐ QMHP-A ☐ LMHP (-R & -S)								
Are you currently First Aid & CPR certified?	Please check all that	t apply:	□ Paraprofes			QMHP-C	□ QMHP-A	□ LMHP (-R & -S)

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

Employer Name:							
Address:				Phone:			
Date of Employmer	nt:	-					
Your Job Titl	le:		Supervisor:				
Reasons for Leavin	ıg:						
Brief Description o	of Duties:						
Employer Name:							
Address:				Phone:			
Date of Employmer	nt:	-					
Your Job Titl	le:		Supervisor:				
Reasons for Leavin	ıg:						
Brief Description o	of Duties:						
Employer Name:							
Address:				Phone:			
Date of Employmer	nt:	-					
Your Job Titl	le:		Supervisor:				
Reasons for Leavin	ng:						
Brief Description of Duties:							
Employer Name:							
Address:				Phone:			
Date of Employmer	nt:	-					
Your Job Title:			Supervisor:				
Reasons for Leavin	ıg:						
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