

House of Inspiration Employment Application

1. **Position Applied For:** _____

2. **Last 4 Digits of Social Security No.:** _____

3. **Full Legal Name:**

Last Name	First	Middle
_____	_____	_____

4. **Home Phone:** () _____ **Business Phone:** () _____

5. **Street Address:** _____

6. **E-mail Address:** _____

City _____ State _____ Zip _____

7. **Education:**

7a. Highest school grade completed: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

7b. Do you have a high school equivalency diploma: ☐ Yes ☐ No

7c. Number of years of post high school education: ☐1 ☐2 ☐3 ☐4

8. **Name and Location of Educational Institution:**

	Degree Received	Major / Specialty	Dates Attended
8a. _____	_____	_____	_____
8b. _____	_____	_____	_____
8c. _____	_____	_____	_____

9. **If you plan to complete an educational program in the future, then indicate the degree or program to be completed**

9a. Completion Date: _____

10. **Work Experience:** Start with the most recent work experience. Describe all traditional, military and voluntary work experience. Describe your knowledge, skills and abilities that demonstrate your qualifications for the position for which you are applying.

10a. Job Title _____

Employer Name _____

Employer Address _____

Phone _____

Job Duties: _____

Supervisor / Manager _____

Title _____

Final Salary _____

Dates (Month/ Year) _____ To _____

Hours/week _____

Reason for leaving _____

10b. Job Title _____

Employer Name _____

Employer Address _____

Phone _____

Job Duties: _____

Supervisor / Manager _____

Title _____

Final Salary _____

Dates (Month/ Year) _____ To _____

Hours / Week _____

Reason for leaving _____

11. **Job Skills:** Use the following space to provide any additional information that you think would be helpful in our evaluation of your job application. This can include specialized training, seminars, workshops, accreditations, special achievements or valuable skills:

12. **Licenses Held:** (including drivers) or certifications to practice a trade or profession.

Type	License Number	Granted by (licensing board)

13. **Licenses Held:** (including drivers) or certifications to practice a trade or profession.

Do you have a driver's license? ☐ Yes License number and State

☐ No.

Have you had any accidents in the last six years? ☐ Yes How many?

☐ No.

Have you had any moving violations in the last six years? ☐ Yes How many?

☐ No.

14. **References:**

List the full name, address, phone number and relationships of up to three persons that you'd like to use as a reference:

Full Name	Address	Phone Number	Relationship

15. **Miscellaneous Information:**

15a. Which shifts are you willing to accept: ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends Specify shift hours _____

15b. Which job status are you willing to accept: ☐ Full-time ☐ Part-time (specify) _____

15c. Are you willing to travel: ☐ No ☐ Yes

15d. Please indicate your geographic preferences: _____

15e. Do you have a cell phone? ☐ No ☐ Yes Are you computer literate? ☐ No ☐ Yes

15f. Do you have a working home computer/laptop? ☐ No ☐ Yes Do you have regular access to the internet? ☐ No ☐ Yes

15g. Can you pass a national background check?

15h. Do you have a valid driver's license? ☐ No ☐ Yes Do you have a reliable vehicle? ☐ No ☐ Yes

15i. Do you have valid auto insurance? ☐ No ☐ Yes

15k. Do you have experience with clinical documentation? ☐ No ☐ Yes Do you have experience with Progress Notes? ☐ No ☐ Yes

16. **Compliance** with the Immigration Reform and Control Act requires ☐ Yes ☐ No.
that you are you legally eligible for employment in the United States?

Please note that under the Immigration Reform and Control Act of 1986, that you may be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. You may also be will be required to provide documentation that you should you be employed.

17. **Veteran Status:** Are you a veteran who received an honorable discharge and has:

1. Provided more than 180 consecutive days of full time active duty in the armed forces of the United States or reserve components, including more than the National Guard?, or

2. Have a military service disability rating fixed by the United States Veterans Affairs?

☐ Yes ☐ No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? ☐ Yes ☐ No

18. **Prior Convictions:**

19a. Have you ever been convicted of any violation of law, including moving traffic violations: ☐ Yes ☐ No

If yes, then please provide the following:

Describe the Offense :

Statute / Ordinance (if known):

Date of Charge:

; Date of Conviction

County, City, and State of Conviction:

20. **Work Start Date:** When will you be available to start work? If you are available as soon as you given two weeks notice, then no dates are necessary.

____ Month ____ Day ____ Year

21. **Job Application Certification:**

I have never been shown by credible evidence (such as decision of a court or jury, or a department investigation or other reliable evidence) to have abused, neglected, sexually exploited, or deprived a child or adult or to have been subjected any person to serious injury as a result of intentional or grossly serious injury as a result of intentional or grossly negligent misconduct as evidence by an oral or written statement to this effect obtained at the time of application.

I hereby certify that all entries on this job application and any attachments are true and complete. I also agree and understand that any falsification this information may result in my forfeiture of employment.

I understand that all information on this job application is subject to verification and I consent to criminal history and background checks. I also agree that you may contact references and educational institutions listed on this application

Dated

Job Applicant Signature

Signing your name above indicates that the information on this application is correct and that you read the job application certification.