

Hope Reach

Employment Application

General Information

Last Name		First Name		Middle Name		
Have you ever used another name? ____ Yes ____ No						
If yes, please specify for purposes of a reference check:						
Present Address: Number		Street		City	State	Zip Code
Years at Above Address			Home Telephone Number			
Email Address			Mobile Telephone Number			
Position Applying For					Date of Application	
____ Line Therapist		____ Lead Therapist		____ Administrative	____ Other	
Full Time or Part Time			Shift or Hours Preferred			
When are you available to start work?			Do you have a valid Drivers License			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household?

____ Yes

____ No

Emergency Contact Information

Person to notify in case of Emergency:					
Address: Number Street City State Zip Code					
Home Telephone Number		Mobile Telephone Number		Email Address	

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Criminal Background Information

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN a traffic citation?

___ Yes

___ No

If yes, please state the date of conviction, the country and state, and the nature of the offense and judgment.

NOTE: A response of 'yes' to this question will not result in your automatic disqualification for employment.

Skills

Relevant Training/Skills (include bilingual ability if relevant to the position for which you are applying):

Branch of Military Service:

Dates: From To

State Relative skills acquired during military service:

Professional Applicants Only

Professional License Number

Expiration Date:

Type of License:

State:

Professional Organizations

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Education

	HIGH SCHOOL	COLLEGE	TRADE, PROFESSIONAL SCHOOL, OR OTHER
NAME			
ADDRESS			
NUMBER OF YEARS			
COURSE OR MAJOR			
YEAR OF COMPLETION			
DIPLOMA/DEGREE			

Work Experience (list in reverse order, starting with most recent)

Last/Present Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
Reason for Leaving			
May we contact now? ___ Yes ___ No			

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Last/Present Employer	Length of Service (Dates)		Duties Performed
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	<u>Starting</u>	<u>Final</u>	
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May we contact now? ___ Yes ___ No			

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Reason for Leaving			
May we contact now? ___ Yes ___ No			

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Are you able to perform the essential functions of the job for which you are applying? If no, describe the functions you cannot perform. (Note: We comply with ADA & consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions.)

___ Yes

___ No

If there is any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth in the job description for that position, please describe below;

If "No," please explain: _____

Applicant's Statement

I recognize that I have been provided with an explanation of the responsibilities and work hours of the position for which I am applying. I certify that I the information on this application is correct and complete to the best of my knowledge.

I recognize that Hope Reach conducts the following background checks on all of its employees:

- South Carolina Department of Social Services Central Registry
- South Carolina Law Enforcement Division

I recognize that Hope Reach requires the following of its employees, to be acquired at the employee's expense:

- Tuberculosis Test
- CPR and First Aid Certification
- Professional Liability Insurance

Prior to employment, I authorize Hope Reach to verify any and all of the information on this application unless otherwise noted. I understand that false and/or misleading information on this application may result in immediate termination if I am employed by Hope Reach.

Signature of Applicant

Date