



Employment Application



Please print and complete every section of the application on your own, read the *Applicant Statement* at the end and provide handwritten signature in the space provided.

Arms of Hope is committed to equal opportunity for all persons and does not discriminate in admissions, programs, employment or any other functions and services on the basis of race, color, creed, national origin, gender, age, veteran status, religion, or disability to those who meet admission and employment criteria and are willing to uphold its values and mission as stated in the Policy Manual, Employee Handbook and Program Handbooks.

Position(s) applied for			How did you learn about us?			
Name [First] [Middle Initial] [Last]		Social Security Number		Today's Date:		
Maiden name		Other names used		Driver's License Number and State		
Present Address (Number, Street, and Apt Number)				Telephone Number		
City, State, Zip				Email Address		
LIST PREVIOUS ADDRESSES FOR LAST THREE YEARS IF DIFFERENT FROM YOUR PRESENT ADDRESS ABOVE						
Dates resided		Number, Street, and Apt Number		City	State	Zip
From	To					
Are you authorized for employment in the United States by virtue of being one of the following (please do not specify which): (1) U.S. citizen, (2) a permanent resident, (3) an alien who obtained amnesty under one of the 1986-1988 programs, (4) an alien granted asylum? Check one box. <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" list the type of Visa held:						
Have you ever applied to work for Arms of Hope, Boles Children's Home or Medina Children's Home before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then describe when and what location?						
Have you ever been previously employed by Arms of Hope, Boles Children's Home or Medina Children's Home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and at what location?						
EMPLOMENT INTERESTS						
Type of Employment Desired (check all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary						
Date Available:		Location Preference:		Identify position you are applying for:		
CRIMINAL HISTORY						
Have you ever been convicted of or pled guilty or no contest to any crime or crimes, either misdemeanors or felonies (other than minor traffic violations)? Also list any arrests for which you are out on bail or your own recognizance pending trial. Such a conviction will not necessarily prevent employment. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						

EDUCATION/TRAINING

Name of school and location (City and State)		Dates attended		Course of Study	Diploma or Degree	Graduation Date (month/year)
		To	From			
Last Grade or High School						
Business/Vocational School						
Colleges/Universities						

Plans for future study:

Specialized training, apprenticeships, internships, skills or extracurricular activities:

Please indicate if you can speak, read or write in a language other than English:
 Language: _____ proficiency in (check all that apply): Speaking Reading Writing
 Language: _____ proficiency in (check all that apply): Speaking Reading Writing

EMPLOYMENT HISTORY – list your last 3 positions, most recent one first

Company/Organization		Address		Telephone Number
Position		Hrs/week	Department	
Start Date	End Date	Last Salary	Reason for Leaving	

Duties and Major Accomplishments:

Company/Organization		Address		Telephone Number
Position		Hrs/week	Department	
Start Date	End Date	Last Salary	Reason for Leaving	

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Position		Hrs/week	Department	
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Duties and Major Accomplishments:

May we contact your present employer? Yes No At a later date? Yes No If yes, when? _____

Are you under any contract or employment restriction with your current employer? Yes No
 If yes, please explain:

REFERENCES

List 3 references who are not relatives and are not listed under the *Employment History* section. If you are a college or recent graduate please include a faculty reference.

Name	Occupation and address	Telephone	Years known

GENERAL

How often (number of incidents and number of days) have you been absent from scheduled work in the last 12 months?

Licenses and certificates held? List all motor vehicle operator license numbers and issuing state for each.

List all occupational skills, word processing, spreadsheets or other skills.

State any additional information you feel may be helpful to us as we consider your application. Use back of application if more writing space is needed.

APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment or termination. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature	Date
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AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A RESIDENTIAL CHILD CARE OPERATION

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a Residential Child Care operation whose employment or potential employment with the operation involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment.

State:	County:
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I swear or affirm under penalty of perjury, that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded *nolo contendere* or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

**ANY CONDUCT, MATTER, OR THING (irrespective of formal name, thereof)
CONSTITUTING OR INVOLVING (whether under criminal or civil law of any jurisdiction):**

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation ; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date). If none, write NONE

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signature:	Date:
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Signed and sworn to (or affirmed) before me this _____ day of _____

**Signature of notary officer:
(Notary seal)**

My commission expires: