



HOPE HAVEN

Host Home Provider Application

Return to:
Hope Haven of Northeast Georgia
795 Newton Bridge Rd.
Athens, GA 30606
706.548.4361

GENERAL INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Phone Number: _____ Email: _____

Are you a U.S. Citizen? Yes No Social Security Number: _____

Have you ever worked for Hope Haven? Yes No

If yes, when and what capacity? _____

How did you hear about Hope Haven's Residential program?

Online Add Which website? _____

Employee Referral Who? _____

Other _____

Have you ever been convicted by Federal, State, or any other law enforcement authorities for any violation of Federal, state, county or municipal law, regulation or ordinance? Yes No

Are there any charges now pending against you by Federal, State, or any other law enforcement authorities for any violation of Federal, state, county or municipal law, regulation or ordinance? Yes No

Charge Pending or Convicted	Date Convicted	Name of Court/ Place Convicted

EDUCATION

Name of School	Year Graduated	Diploma (Yes/No)

WORK HISTORY

Describe your work history below, beginning with your current or most recent job. Include any military, volunteer or caregiver experience. If you worked for the same employer, but held different jobs, describe each separately. Describe your specific and primary duties for the last 5 years of work history. If you need additional space, attach additional sheets.

Employer: _____ Your job Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: _____ Hours/week: _____ Hourly/Annual Salary: _____

Supervisors Name: _____ Title: _____

May we contact Employer? Yes No Phone number: _____

Reason for Leaving? _____

Primary Job Duties:

- _____
- _____
- _____
- _____
- _____

Employer: _____ Your job Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: _____ Hours/week: _____ Hourly/Annual Salary: _____

Supervisors Name: _____ Title: _____

May we contact Employer? Yes No Phone number: _____

Reason for Leaving? _____

Primary Job Duties:

- _____
- _____
- _____
- _____
- _____

Employer: _____ Your job Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: _____ Hours/week: _____ Hourly/Annual Salary: _____

Supervisors Name: _____ Title: _____

May we contact Employer? Yes No Phone number: _____

Reason for Leaving? _____

Primary Job Duties:

- _____
- _____
- _____
- _____
- _____

REFERENCES

On separate sheets of paper, please provide three written references. The person making the reference needs to sign and date the reference. One of the references must be from an extended family member NOT residing in your home. The other two can be business or personal references.

Reference 1:

Name: _____ Relation to you: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Phone Number: _____ Email: _____

Reference 2:

Name: _____ Relation to you: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Phone Number: _____ Email: _____

Reference 3:

Name: _____ Relation to you: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Phone Number: _____ Email: _____

CERTIFICATION

I certify that all the information on this application is correct. I authorize any agent or employee of Hope Haven of Northeast Georgia to verify this information, including job and personal references. I understand that intentionally providing false information on this form or attachments is a violation of state law.

Signature

Date

Printed Name