

## 795 Newton Bridge Rd., Athens, GA 30607/ Phone: 706.548.4361

Application for .	Employment														
First Name			Last Name			MI	Date o	of Applica	tion						
Street Address				City			Zip								
Phone Number		Email Addı	ress		Driver's Lice	ense Number	Ex	φ. date (n	nm/yy)						
Position applied for		How did yo	ou hear about us or v	vho referred you?											
Please read carefu Employment an We will verify emp	d/or Caregiving	: History				quested.									
Last or Present Compan		a engionity j	joi renne joi ai	Job Title	,										
Street Address			Phone Number	Brief descri	iption of job duties										
City	State		Zip												
Base Salary	Dates Worked From	То		Supervisor											
Reason for Leaving				<u> </u>											
Last or Present Compan	у			Job Title	Job Title										
Street Address			Phone Number	Brief descri	Brief description of job duties										
City	State		Zip												
Base Salary	Dates Worked From	То		Supervisor	Supervisor										
Reason for Leaving	<b>.</b>			1											
Last or Present Compan	у			Job Title											
Street Address			Phone Number	Brief descri	Brief description of job duties										
City	State		Zip												
Base Salary	Dates Worked From	То		Supervisor	Supervisor										
Reason for Leaving	<b>-</b>			<b>'</b>											
Education Histo	<u>ry</u>														
School Name Lo			cation r, state)		Najor course or subject	Froi	Dates m To	Degr Yes	ree No						
High School or GED Prog															
College/Tech/Graduate	School (list all)														



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Application for Employment		-9002// / 0000 / 000 / 000	
Personal Reference Non-relati	ive living outside your home		
Name	Phone Number	Email	
How you know this person?			
Other Information			
Have you ever applied for a pos	tion or worked at Hope Haven	before? $\square$ Yes $\square$ No if yes, when	
Do you have any relatives emplo	oyed with Hope Haven? $\square$ Yes $\square$	□No	
If yes, please list by nam	ie and relationship		
Have you had <b>ANY</b> traffic violati	ons within the past three years	? $\square$ Yes $\square$ No If so, please list.	
Have you ever been convicted additional explanation.	of ANY crime - except for min	nor traffic offenses? $\square$ Yes $\square$ No If yes, $\wp$	olease provide
Traffic violations or conviction of c	crime do not automatic disqualif	y employment.	
Any other comments or significa	ınt information that you feel is ı	relevant for us to know?	
Are you looking for full time or part time, how many hours do	·	•	
How many days per week do yo	u want to work?   1-2 days	☐ 2-3 days ☐ 4-5 days ☐ 5 days	S
Do you have another job? $\square$ Yes	s □ No If yes, do you have	a set schedule at that job? $\square$ Yes $\square$ No	
What is your typical schedule? _			
Are you in school? ☐ Yes ☐ No	If yes, what is your school sche	edule?	
Will your schedule change at the	e end of the semester?   Yes	□ No	
Availability Grid			
•		e available to work at Hope Haven. We use ven typically offers fixed schedules that do	
information to mater you to pre	status and locations. Hope na	ven typically offers fixed schedules that ut	J HOL CHAILE

# from week to week. First shift is typically 7a-3p or 8a-4p, second shift is typically 3p-11p, and third shift is 11p-7a or 11p-9a

Availabi	lity (					F	irst	Shif	t				Se	con	d Sh	ift						-	Third	d Shi	ift		
	/.	1:00 %	√ ~ \forall ?	10/2	10 11/0		21.0°	24/3	10/2 10/2	<b>ノへ</b> `	4/2	4/2	<b>∕</b> ₋へ`	4/2	10/2 20/3	0,0, 1,0,	24/0/	27.00	100 P	10/ 10/	700	M/ W	7/0/		10/	10/0/ 11/0/	in Art
Monday																											
Tuesday																											
Wednesday																											
Thursday																											
Friday																											
Saturday																											
Sunday	·	,		·		·									,												



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#### **Application for Employment**

#### An Equal Opportunity Employer

Hope Haven welcomes diversity and are committed to seeking out and ensuring an inclusive environment for all employees.

#### **Pre-Employment Requirements**

All applicants selected for employment must take and/or submit the following to be considered for employment. All job offers are contingent upon the satisfactory outcome of the following:

- An acceptable Drug test. Refusal to test or a positive test result will cause denial of employment.
- A clear Tuberculin test.
- An acceptable Motor Vehicle Report. No more than three moving violations in a three-year period in the last five years.
- An acceptable criminal records investigation.
- Applicants must be able to assist in lifting and transferring up to 200lbs. with the assistance of equipment.

#### <u>At-Will Employment Policy Statement</u>

It is the policy of Hope Haven that all employment with this agency is "at-will." This means that employment can be terminated with or without cause, and with or without notice, at any time, at the option of either Hope Haven or the employee.

#### Reference check

My signature below acts as my expressed permission to verify employment dates and eligibility for rehire from entities listed in the employment/caregiver history and to contact the personal reference listed.

#### **Georgia Department of Community Health Rule 111-8-65-.09**

My signature below serves as acknowledgement of this rule and as my personal attestation and statement that I have never been shown by credible evidence any of the aforementioned to have abused, neglected, sexually assaulted, exploited or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

### <u>Certification</u> <u>and</u> <u>Acknowledgment</u>

I hereby certify that the answers and other information on this application are true, complete and correct. Any misrepresentation or omission of facts on my part will be justification for separation, if employed. I understand and acknowledge that employment is contingent upon receipt of necessary documents. These include: Valid Driver's license, I-9 verification, an acceptable criminal background check by fingerprint, an acceptable motor vehicle report, a satisfactory drug test, a satisfactory tuberculin (TB) screening test, copies of diplomas and licenses (if applicable) and any other requirements established by Hope Haven, the Georgia Department of Behavioral Health and Developmental Disabilities or other regulatory authority.

Applicant Signature	Date	