

FAITH'S HAVEN CENTER INC.

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, or disability.

(Complete all applicable information)

Date of Application: _____ Position applying for: _____ FT/PT: _____

GENERAL INFORMATION

Name (first, MI, last)	Social Security No	DOB
Street Address	City, State, Zip	
Home Phone	Cell/Alternative Phone	Have you previously been employed by FHC? Yes No If yes, dates _____
Date available to start	desired salary	How were you referred to FHC?
Per the rules of the Dept. of Social Services in regard to working with youth in a residential facility, you must be at least 21. Are you at least 21 years of age? Yes No	Are you currently attending college or a trade school? Yes No If yes, what hours do you attend? Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____	
Have you had a TB skin test in the past 12 months? Yes No If yes, when _____	Have you had a criminal background check conducted within the past 12 months? Yes No	

EDUCATION/TRAINING

Did you graduate from high school or receive a GED certificate? Yes No If no, what is the highest grade completed? _____	
Name of High School/GED Program & Location	City, State, Zip
Name of Vocational school or college & location	City, State, Zip
Do you have any degrees or certificates? (i.e. CPR/first aid, Medication Admin.) Yes No If yes, please list	
Do you have your own vehicle? Yes No	Do you have insurance Yes No Name of insurance carrier _____

EMPLOYMENT HISTORY

1. Most recent employer	Telephone #	Supervisor's Name
Type of Business	Address	Date employed From: _____ To: _____
Your job title	Rate of pay (hourly/salary)	Avg hours worked per week
You responsibilities/duties		
Reason for separation		
2. Past employer	Telephone #	Supervisor's Name
Type of Business	Address	Date employed From: _____ To: _____
Your job title	Rate of pay (hourly/salary)	Avg hours worked per week
You responsibilities/duties		
Reason for separation		
3. Past employer	Telephone #	Supervisor's Name
Type of Business	Address	Date employed From: _____ To: _____
Your job title	Rate of pay (hourly/salary)	Avg hours worked per week
You responsibilities/duties		
Reason for separation		

REFERENCES (list 3 persons unrelated that can provide a character reference on your behalf)

NAME	COMPANY/POSITION	CONTACT NO# (S)	YEARS AQUAINTED

Dear interested applicant,

The following information/documentation must be a part of your Employee's File prior to beginning work with our facility:

- FHC employment application
- Copy of your resume
- Copy of your state ID
- Copy of your social security card
- FHC employee data information form
- Copy of your car insurance provider (if your position requires transporting)
- Background check returned from Jefferson City
- TB skin test and physical (will accept one that is within 6 months of start date)
- Three (3) character reference letters (signed by the individual with a contact number)
- Copies of all training completed within the last 12 months that's relevant to position
- Must complete and FHC New Hire Orientation

During the time of your employment, trainings may become available for participation. Some trainings may be required while others may be voluntary and may vary based on your position. These trainings may include:

- | | | |
|--------------------------|---------------------------|---------------------------------------|
| CPR/First Aid | Basic Group Dynamics | Food Preparation/Appropriate Servings |
| Medication Administering | Team Work Issues | Social Media and Children |
| Behavior Management | Observation/Documentation | Developmental Needs of Children |
| Crisis Intervention | Safety Measures | De-escalation Techniques |
| Suicide Prevention | Staff Roles | Blood-borne Pathogens |
| Confidentiality | Diversity | |

(Other related/approved topics not listed)

AUTHORIZATION

I certify that all information contained in the application and any attachments is true and complete to the best of my knowledge. I understand that I am not promised employment with FHC and will further complete any additional pre-hire process that may be required for the consideration of employment. I understand that any willful misrepresentation, false statements or omission by me in the application or interview process will be cause for rejection of my application or termination of employment. I authorize investigation of all statements made on liability for providing or receiving such information.

“This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

I acknowledge that my application and/or New Hire Orientation does not guarantee me employment with Faith’s Haven Center Inc.

Applicant Signature

Date

-----DO NOT WRITE BELOW THIS ILINE -----

Scheduled Date of 1st interview _____

Remarks

Scheduled Date of 2nd interview _____

Remarks

Scheduled date of orientation _____

Pay rate _____

Anticipated Start Date _____

Pay rate _____