Brandi's Hope Community Services

EMPLOYMENT APPLICATION

Supporting Documentation to accompany application:

- 1. Driver's License
- 2. Professional License if applicable
- 3. High School Diploma or Equivalency
- 4. College Transcript and Diploma if applicable

REFERRED BY			

Equal Opportunity Employer and Drug Free Workplace

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Brandi's Hope Community Services ("Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation, genetic background or physical or mental disability.

PERSONAL								
Last Name	First		Middle	Initial	Cir	cle one:	Part Time	Full Time
Other Name(s) Used				Home Telephone #				
Address, City, State, Zip		(Cel	l phone #	‡	
Mailing Address (if different from physical address)					Oth (er phone	: #	
Email address Position Appli		ied For S			Sal	Salary Desired		
Have you ever interviewed with the Company or its affiliates before? ☐ Yes ☐ No		If yes, list date(s), job title(s) & location(s)						
Have you ever been employed by the Company or its affiliates before? ☐ Yes ☐ No		If yes, list date(s), job title(s) & location(s)						
Do you have any relatives employed by the Company or its affiliates? ☐ Yes ☐ No		If yes, list name(s), job title(s) & location(s)						
Are you at least 18 years old? ☐ Ye	s □ No	If under 18, do you have a work permit? ☐ Yes ☐ No						
Are you legally eligible for employment in the United States? □ Yes □ No		☐ Female ☐ Male This information will not be used to determine your employment eligibility. It is used only to fulfill specific requests by clients for either male or female caregivers and for DOL requirements.						
EDUCATION								
Circle Highest Grade Completed:	High School College, Tra		Business	9 1	10 2	11 3	12 4	
School	Address M.		Ma			ee, Diploma, e or Certificate		
High School								
College/University								
Vocational, Business								
List Any Professional Designations								
Primary Language Spoken			Other Langu	ages Spok	ten			
Other Special Knowledge, Skills or Qualificat	ons							

EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From	Employer Name	Supervisor Name	Starting Salary/Hourly Rate
Employed Until	Employer Address	Supervisor Phone #	Ending Salary/Hourly Rate
Job Title		Reason for Leaving	
Duties & Responsibi	lities		
OK to contact this employ	ver? Yes or No Initial		
Employed From	Employer Name	Supervisor Name	Starting Salary/Hourly Rate
Employed Until	Employer Address	Supervisor Phone #	Ending Salary/Hourly Rate
Job Title		Reason for Leaving	
Duties & Responsibi	lities		
OK to contact this employ	ver? Yes or No Initial		
Employed From	Employer Name	Supervisor Name	Starting Salary/Hourly Rate
Employed Until	Employer Address	Supervisor Phone #	Ending Salary/Hourly Rate
Job Title		Reason for Leaving	
Duties & Responsibi	lities		
OK to contact this employ	ver? Yes or No Initial		
	(If you need to list more employed	ers, please continue on a separate sheet of	of paper.)
GENERAL			
Yes No			
	May we contact your current of Will you be able to perform t	employer for references? he essential job functions for the positi	on you are
	applying for with or without re		
_ _	summary offenses, which has	not been annulled, expunged or sealed tomatically disqualify your application.)	

REFERENCES (REQUIRED)

List <u>three</u> references. One reference must be from a former employer. The other two references must be from <u>'non-family'</u> members. Brandi's Hope requires the addresses and phone numbers for all references.

Name	Address	Telephone
1.		
2.		
3.		

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional, past employment and public criminal background history, and to contact my references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.		
Signature	Date	

1. Please describe briefly why you would like to work for Brandi's Hope.
2. Describe what characteristics you possess that would make you a valuable employee for Brandi's
Hope.
Do you own reliable transportation?YESNO If yes, do you have at least the minimum state required liability insurance on this vehicle?YESNO
EEO/OFCCP Demographic Data (Voluntary Self-Identification)
Government regulations require employers to keep basic demographic data on all applicants. Completion of the following questions is voluntary and is not part of the official employment application. You assistant is appreciated.
Date Position Applied for
Name Address
Referral Source:
Please check the appropriate items below:
□Male □Female □Over 21 years of age □Under 40 years of age □Over 40 years of age
□White □African American □Hispanic □American Indian □Asian □Pacific Islander □Other
□ I decline to provide self-identification information

Equal Opportunity Employer