

# HELP Foundation, Inc.

## A Drug Free Workplace Act Employer

### Application for Employment

*It is our policy to comply with all applicable local, state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification. If you desire assistance with completing this application, please indicate your desire to a HELP employee.*

**Please print responses to all of the questions contained in the entire application form.**

<b>POSITION DESIRED:</b>			<b>PAY EXPECTED:</b>	
<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Today's Date</b>	
<b>Current Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b> (    )	<b>Cell Phone</b> (    )	<b>Social Security Number</b> --      --		
<b>Do you have an e-mail address ? If so, please provide :</b> _____				
<p>If an offer of employment is to be made, it will be contingent upon your completion of an INS Form I-9 demonstrating your eligibility to work in the United States. Also, pursuant to the rules for licensure of the Ohio Department of Developmental Disabilities, Section 5123: 2-8-07, employment will be contingent upon a clearance of a criminal background check which will include, but not be limited to, any prior criminal convictions and/or pleas of guilty.</p>				
_____ I have lived in OHIO continuously for the past 5 years.      Please respond either Yes or No				
_____ I have lived OUTSIDE Ohio sometime in the past 5 years.      Please respond either Yes or No				
Have you been convicted of or pled guilty to any non-traffic misdemeanor or any felony?    Yes_____      No_____				
If yes, please provide the type of conviction. Not all convictions are disqualifiers, but all must be listed. <i>If more space is needed, please use the back side of page.</i>				
Are you available to work overtime?    Yes_____      No_____				
Are there any days / shifts / times that you are <u>not</u> able to work? If so, please note.				
What date will you be available to begin work?				
Have you ever applied for employment with us before?    Yes_____    No_____    If Yes. give the month /year_____/_____				
Have you ever worked for HELP Foundation?    Yes_____    No_____    If Yes, when / where				
How did you learn of our organization? If referred by an employee of HELP Foundation, please specify employee name:				
Do you have a valid Ohio Driver's License with no more than four (4) points ?      Yes_____      No_____				
Have you had a driver's license for at least three (3) years or longer ?      Yes_____      No_____				
<b>In case of an emergency, notify:</b>				
<b>Name</b>	<b>Address</b>	<b>City / State / Zip Code</b>		<b>Phone Number</b>

**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

Please document completely and accurately all full time and part time employment beginning with your present or most recent employer. Please use additional sheets provided. Failure to include all employment may be grounds for disqualification. **PLEASE PRINT**

Company name _____ Address _____ City-State-Zip _____ From: _____ To: _____ Month / Year ____/____ Month / Year ____/____ May we contact? Yes _____ No _____	Phone: (    ) _____ Employment Status & dates Full time: From: _____ To: _____ Part time: From: _____ To: _____ If Part time, how many hours per week?
Name of Supervisor _____ His / Her Job Title _____	Salary or Rate of Pay: _____ Start: _____ End: _____
Your Job Title and Essential Duties: _____   	Reason for Leaving: _____   
Company name _____ Address _____ City-State-Zip _____ From: _____ To: _____ Month / Year ____/____ Month / Year ____/____ May we contact? Yes _____ No _____	Phone: (    ) _____ Employment Status & dates Full time: From: _____ To: _____ Part time: From: _____ To: _____ If Part time, how many hours per week?
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### EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge and abilities of the applicant to perform the job duties of the position. Please Note: Entry level wages are determined based upon a combination of education and pertinent work experience. Please clearly identify your academic standing (i.e. sophomore, junior, etc.) based on college credits earned.

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS	DID YOU GRADUATE ( yes / no )	DEGREE OR DIPLOMA RECEIVED
<b>High School</b>					
<b>College</b>					
<b>Post Graduate</b>					
<b>Other Training</b>					

**First and Last Name as it appears on educational transcripts:**

**% of College Credits Earned:**

List technical skills you have acquired that relate to positions for which you are applying. Include any experience you have had with citizens with mental retardation/developmental disabilities.

### MILITARY SERVICE

Have you served in the Military? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch?

Dates of Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Job Title \_\_\_\_\_ Are you a Reservist? \_\_\_\_\_

Briefly describe duties, responsibilities, equipment operated, promotions, honors, etc.:

<b>REFERENCES</b>			
<b>NAME</b>	<b>ADDRESS/CITY/STATE/ZIP</b>	<b>PHONE NUMBER</b>	<b>HOW DO YOU KNOW THIS PERSON?</b>

I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I understand that any misleading, misrepresentation, and/or omission of information may cause this application to be rejected or may become cause for termination of employment. I further understand that confirmed employment is based on completion of all pre-employment, post-offer requirements and procedures including interview(s), reference checks, verifications, examination by a health care provider, and other appropriate procedures deemed necessary.

I authorize the referenced organizations and persons to give information about me, excluding genetic testing information, and I hereby release them from all liability.

If employed, I agree to observe all rules, regulations, policies, and procedures as they relate to HELP Foundation's employees at all times.

I understand that my employment, if offered, is at-will, is not for any specific period of time, will not constitute an employment contract, and that either I or the Agency will be free to terminate the relationship at any time for any reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Interviewer(s)/Date(s):	Hire (Yes/No):	Date of Hire:	Position:	Rate of Pay:
	References Checked?:	Job Location:	FTE:	Grade & Step:

## CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

Having submitted an application for employment with **HELP Foundation, Inc.**, hereinafter referred to as The Company, I hereby authorize The Company and its authorized and designated agency, to conduct an investigation of my background which may or can encompass a public records search, i.e. criminal history records verification, social security number verification, employment-related credit history profile, motor vehicle operator license verification, at any time as deemed necessary by The Company. I further authorize The Company to conduct and verify, as needed, my current or past employment/work history, scholastic/academic/credentials records, and references provided or developed.

I specifically authorize The Company and/or its authorized agent to contact any of the aforementioned entities and give my permission to have any records/documents and/or information released either verbally, in writing (print) or electronically to The Company and/or its authorized agent. I understand that the acceptance of my application for employment by The Company does not constitute an offer of employment. I authorize that a copy of this Consent and Authorization to Release Information is to be accepted with the same authority as the original.

I also authorize The Company to conduct an inquiry to a consumer-reporting agency concerning my present and/or past employment/work history. Consumer reporting agencies (CRAs) are established for the purpose of receiving, storing and disseminating information regarding employment dishonesty, retail theft and related incidents, other acts of dishonesty, violence or drug-related offenses, etc. reported to them. I authorize a CRA to issue any such reports/incidents that re on file to The Company.

I understand that my employment, retention, or promotion by The Company may be determined in whole or in part, based on the report(s) issued to The Company by a CRA acting as The Company's authorized agent. I have been informed and I understand that I may obtain a copy of such report(s) and that I may dispute the accuracy or completeness of the information reported to The Company by writing or calling the CRA at the address or telephone number given to me at the time I receive a copy of the report.

Information obtained or reported by any agency and/or entity will be treated in a sensitive and confidential manner and will be disclosed to authorized/designated representatives of The Company on a need-to-know basis.

I agree to hold all of the above-named corporations/companies/governmental agencies/consumer reporting agencies (CRAs) individuals/entities, it's officer(s), agent(s), and employee(s) free and harmless from any claims I might otherwise have against them for any damages and/or liability to me, resulting from any disclosure and of its results and any conclusions drawn there from.

I do hereby generally release, waive and forever discharge all of the above-named corporations/companies/governmental agencies/consumer reporting agencies (CRAs)/individuals/entities, it's officer(s), agent(s), and employee(s) from any and all actions or cause of action(s), claim(s), demand(s), or liability(s) which I have now, or may ever have as a result of conducting an investigation of my background.

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Printed Name

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Signature

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Date

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Social Security Number

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Date of Birth (MM/DD/YYYY)  
(For identification – year optional)

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Street Address (Apt. No. If applicable)

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Operators License Number/State Issued

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City, State, Zip Code

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