



### Section III: Availability and Interests in Work

For which position have you applied: \_\_\_\_\_

Have you been given a job description for this position?  Yes  No

Are you interested in full-time or part-time work?  Full-time  Part-time

On which days and shifts are you available to work?

Mon _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tue _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wed _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thu _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Fri _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sat _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sun _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

On what date are you available to start work? \_\_\_\_\_

### Section IV: Education

#### High School

\_\_\_\_\_  
Name Street City State

Did you graduate?  Yes  No

#### College

\_\_\_\_\_  
Name Street City State

Did you graduate?  Yes  No

If yes, what degree(s) did you obtain? \_\_\_\_\_

\_\_\_\_\_

#### Business or Trade School

\_\_\_\_\_  
Name Street City State

Did you graduate?  Yes  No

If yes, what degree(s) or certificate(s) did you obtain? \_\_\_\_\_

\_\_\_\_\_

#### Professional School

\_\_\_\_\_  
Name Street City State

Did you graduate?  Yes  No

If yes, what degree(s) or certificate(s) did you obtain? \_\_\_\_\_

\_\_\_\_\_

#### Other Training

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section V: Employment History (Please start with present or most recent employer)

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employment Dates (month/year) \_\_\_\_\_  
Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Hourly Pay – Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employment Dates (month/year) \_\_\_\_\_  
Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Hourly Pay – Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employment Dates (month/year) \_\_\_\_\_  
Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Hourly Pay – Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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May we contact your current supervisor or manager?  Yes  No

If no, why? \_\_\_\_\_

If yes, who should we call? \_\_\_\_\_

Name

Title

Phone

Have any of your previous employers served persons funded through a community mental health (CMH) entity?

Yes  No If yes, which CMH entities were involved? \_\_\_\_\_

May we contact the employers and CMH entities that you listed above to determine whether you have ever had a recipient rights violation substantiated against you?  Yes  No

## Section VI: References

Give the names of two (2) personal references from persons not related to you, whom you have known at least one (1) year:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Give the names of two (2) professional references from supervisors, managers, administrators or executive directors for whom you have worked:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

### Section VII: Professional Licenses, Certifications and Credentials

Do you have any of the following licenses or certifications?

Certified Nurse Aid  Yes  No – If yes, please indicate your license number: \_\_\_\_\_

Nursing License  Yes  No – If yes, please indicate your license number: \_\_\_\_\_

Other job-related licenses, certifications or credentials  Yes  No – If yes, please provide detail: \_\_\_\_\_

### Section VIII: Consent

I hereby give you my permission to contact the above employers, references, and educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release Hope Landing and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my job performance which is documented in my personnel file. In the event that a prior employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to Hope Landing, I hereby waive that obligation and expect no written notice of disclosure of my personal information.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Human Services, Department of Community Health, local community mental health entities or other governmental agencies or private agencies, for all licensing or investigatory purposes and to verify information I have listed in this job application. I hereby release Hope Landing, the Department of Human Services, Department of Community Health, local community mental health entities and other governmental agencies or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release any prior employers from all claims, liability and damages that may result from furnishing the information to you.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that all of the information provided on this application is true, complete and correct.

I further understand and agree that any falsification, misrepresentation or omission of fact on this application or in any interviews or pre-employment process are grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section IX: At-Will Status

In consideration of my employment, I agree to conform to the policies, rules and regulations of Hope Landing. I understand and agree that my employment and compensation are for no definite period and, may, regardless of the time and manner of my wages or salary, be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Hope Landing or myself.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

This application will be kept current for 12 months. You need to complete another application to be reconsidered after this date.