

AGAPE OUTREACH HOMES

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Type of Employment desired Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three personal references that you have known for more than 5 years.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

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Employment Applicant Consent and Release

Applicant's Name

First: _____ Middle: _____ Last: _____

List any other names used: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

In chronological order, list all cities/counties/states in which you have resided in the last five years.

City/County	State	Number of Years

The purpose of this release is to allow Agape Outreach Homes to obtain information which may include any lawful investigation of my education background and criminal, driving, employment histories, while maintaining compliance with all governmental laws.

If the company considers the background check results unfavorable, I agree that the company may deny me the assignment or discharge me from employment. I release the company, its officers, agents and employees from all liability resulting from the collection, use or disclosure of the information obtained during the above investigation.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge.

Applicant Signature

Date

Human Resources

Date

For Office Use Only

_____ Crime Search Requested

_____ Returned

_____ MVR Requested

_____ Clear

_____ Restrictions

AGAPE OUTREACH HOMES

Voluntary Submission to Physical Examination

Including Blood and/or Urine Analysis and Consent to the Release of Findings and Information

I, _____, voluntarily agree to submit to a physical examination, which may include a blood and/or urine analysis, by a doctor, nurse or other qualified personnel.

Furthermore, I authorize the release of the results of these tests and examinations to Ridgeview Psychiatric Hospital and Care Center, Inc. and its authorized personnel. By this authorization, I release any doctor, nurse, medical personnel, hospital, medical center, clinic, testing laboratory, etc. and Ridgeview, and any of its representatives from any and all liabilities arising from the release or use of this information derived from or contained in my physical and test results.

*Picture ID required for testing.

Employee/Applicant

Date

Time

Director

Date

Time

Witness

Date

Time

Post offer of employment screens must be completed with 72 hours of receipt of notice.

Reasonable cause/suspicion screens must be completed within 24 hours of receipt of notice.

Shift Availability

To have an accurate account, please check each shift you are available to work. This helps both employee and employer with the work schedule. If at any time your availability changes, please ask to fill out this form again.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am-4pm							
4pm-12am							
12am-8am							

Employee

Date