

DAWN OF HOPE, INC.

Application for Employment

(Please Print)

The Dawn of Hope is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Social Security Number

Telephone

* Are you a Vietnam veteran? _____ yes _____ no

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Have you been employed previously with the Dawn of Hope? _____ Yes _____ No

3. Do you have any relatives who are presently (or have formerly been) employed by the Dawn of Hope?

4. How were you referred to the Dawn of Hope _____

If a person referred you, what is their name? _____

5. Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No If yes, please explain:

6. If hired, can you furnish proof that you are 18 years of age? _____ Yes _____ No

7. If hired, can you furnish proof that you are eligible to work in the United States? _____ Yes _____ No

8. Do you have a valid state driver's license? _____ Yes _____ No

II. Educational History

	School, City & State	Did you Graduate?
G.E.D. Certificate		
High School		
College		
Business/Trade School		

III. Employment Record *Please include all employment for the last five years.*

1. _____
 Company _____ Position Held _____

 Dates Employed: _____
 Address _____ From _____ To _____

 Manager / Supervisor _____ Telephone _____ Wage/Salary _____

 Reason For Leaving _____

2. _____
 Company Name _____ Position Held _____

 Dates Employed: _____
 Address _____ From _____ To _____

 Manager / Supervisor _____ Telephone _____ Wage/Salary _____

 Reason For Leaving _____

3. _____
 Company Name _____ Position Held _____

 Dates Employed: _____
 Address _____ From _____ To _____

 Manager / Supervisor _____ Telephone _____ Wage/Salary _____

 Reason For Leaving _____

4. What other specific experience, personal characteristics, other factors do you have that would be beneficial in working with individuals with developmental disabilities?

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) Reason

(Employer's Name) Reason

IV. References Please do not include relatives or former employers. You must include one reference that you have known for at least 5 years.

1. _____
Name Years Known

Address Telephone

Occupation Relationship
2. _____
Name Years Known

Address Telephone

Occupation Relationship
3. _____
Name Years Known

Address Telephone

Occupation Relationship

V. Work Availability

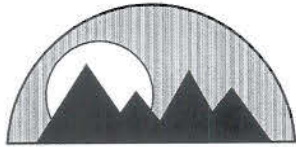
1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime with short notice? () Yes () No
4. Can you work on Saturday? () Yes () No
5. Can you work on Sunday? () Yes () No
6. Can you work on Holidays? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____



Dawn of Hope

500 East Oakland Ave.
Johnson City, TN 37601
(423) 434-5600

STATEMENT FOR RELEASE OF INFORMATION

Date: _____

Name of Agency & Region: Dawn of Hope/East Region

Full Name of Employee: _____

Previously used names (nicknames, maiden name, etc.):

Social Security Number: _____

Driver's License Number: _____

State of Driver's License: _____

I, _____, certify and affirm that to the best of my knowledge and belief I have not had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize Dawn of Hope/East Region and the Tennessee Division of Mental Retardation Services to have full and complete access to any and all personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

Signature of Employee

Date

Witness

Date

Date of Hire

Hunter Investigations
Employment Screening and Credit History
Authorization and Order Form

Under the applicable provisions of the Federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and use. This report will be used for employment purposes only, and will be processed by Hunter Investigations (Hunter), a private investigation agency, whose mailing address is 119 N Gateway Avenue, Rockwood, TN 37854 (Office: 865-354-0077). An investigation into your workers compensation and/or industrial accident background may also be conducted according to the provision of the Americans with Disabilities Act (ADA). Hunter Investigations conducts business according to all applicable federal and state laws. Hunter agrees to use its best and most precise efforts to furnish its "client", (defined as a business, company, employer, or organization, which contracts with Hunter to provide employment screening services to them), with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by Hunter. Sources also include contact by telephone, fax, U.S. mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, Hunter cannot guarantee the accuracy of the information provided by the sources, which included courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

I, the undersigned, have read and fully understand the above notice. I hereby authorize Hunter to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize Hunter to verify the facts stated by me on the attached application and/or resume. I agree not to hold Hunter responsible in any manner for errors in information provided to Hunter by any of the sources Hunter uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold Hunter responsible for reports deemed by me to be incorrect, when Hunter had, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Employer Dawn of Hope

Date: _____ Applicant's Printed Name: _____

Applicant's Signature: _____

Social Security Number: _____

Residential Address (Not a PO Box): _____

Date of Birth (for criminal and driving record checks): _____

Driver's License Number: _____ State: _____

Race: _____ Sex: _____

ATTENTION:

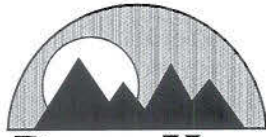
THE NEXT 5 SHEETS ARE REFERENCE SHEETS: ONLY SECTION 1 OF THESE PAGES SHOULD BE COMPLETED.

***THE FIRST 2 SHEETS NEED YOUR LAST TWO EMPLOYERS LISTED.**

***THE LAST 3 SHEETS NEED YOUR PERSONAL REFERENCES LISTED.**

THESE REFERENCE PAGES PAGES MUST COMPLETED BY YOU IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

THANK YOU



Dawn of Hope

500 EAST OAKLAND AVE.

P.O. BOX 30

JOHNSON CITY, TN 37605-0030

(423)434-5600/ FAX (423) 975-6976

BUSINESS REFERENCE VERIFICATION

SECTION I

(TO BE COMPLETED BY APPLICANT, PLEASE COMPLETELY FILL OUT ALL UNDERLINED SECTIONS)

Applicant's Name _____ SS Number _____

Company Name _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

I AUTHORIZE THE ABOVE NAMED EMPLOYER TO FURNISH DAWN OF HOPE, INC. THE INFORMATION REQUESTED ON THIS FORM AND TO COMMENT ON MY WORK RECORD. I FURTHER AGREE TO HOLD HARMLESS BOTH DAWN OF HOPE, THE ABOVE NAMED EMPLOYER, AND ALL AGENTS AND EMPLOYEES OF BOTH FOR ANY INFORMATION THEY EITHER REQUEST OR RELEASE REGARDING MY PREVIOUS JOB PERFORMANCE.

Signature of Applicant _____

Date _____

SECTION II (PERSONNEL DEPARMENT)

Position Held _____

Date Work Began _____ Date Work Ended _____

Was the employee employed at this company more than 6 months: _____ Yes _____ No

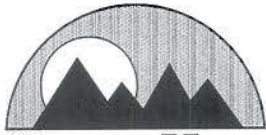
Eligible for rehire? _____ Yes _____ No _____ Other

Company Representative: _____ Title: _____

Comments: _____

Name and Title of Person Verifying Information

Date



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500 EAST OAKLAND AVE.

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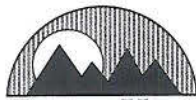
Eligible for rehire? _____ Yes _____ No _____ Other

Company Representative: _____ Title: _____

Comments: _____

Name and Title of Person Verifying Information

Date



Dawn of Hope
 500 EAST OAKLAND AVE.
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 JOHNSON CITY, TN 37605-0030
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PERSONAL REFERENCE VERIFICATION
Section I (TO BE COMPLETED BY APPLICANT)

Applicant's Name _____

To _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Relationship to Reference _____

I authorize the individual providing this reference to furnish Dawn of Hope, with the information requested on this form. I further agree to hold harmless both Dawn of Hope, the individual providing this reference and all agents and employees of both for any information they either request or release. I have authorized Dawn of Hope, Inc. to contact you for personal information.

Signature of Applicant _____ Date _____

Section II (PERSONNEL DEPARTMENT)

How do you know applicant? _____

How long have you known applicant? _____ Has applicant ever worked for you? Yes No

How would you rate applicant on the following characteristics? (1=Fair – 5=Outstanding)

Attitude _____ Initiative _____ Cooperation _____ Dependability _____ Judgment _____

Other Comments _____

 Name and Title of Person Verifying Information

 Date



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 500 EAST OAKLAND AVE.
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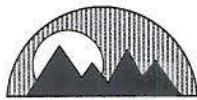
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Other Comments _____

 Name and Title of Person Verifying Information

 Date

FOR ADMINISTRATIVE USE ONLY:

Date Interviewed: _____

Name of Interviewer: _____

Hired: Yes _____ No _____

If no, state reason: _____

Department: _____

(Specify House if Residential or Health Services): _____

Full-Time

Part-Time

PRN

Pay Rate: _____

Approved: _____

Director of Personnel & Support Services

Date Reporting to Work: _____

Remarks: