

# 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 \_\_\_\_\_

**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 Dawn of Hope?  Newspaper Ad  Online Ad  DoH Website

Facebook  Dawn of Hope Employee (Name? \_\_\_\_\_)

Person (Name? \_\_\_\_\_ Relationship? \_\_\_\_\_?)

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. Are you a Veteran?  Yes  No

9. 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 \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_  
 Manager / Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
 \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_

2. \_\_\_\_\_  
 Company Name \_\_\_\_\_ Position Held \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_  
 Manager / Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
 \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_

3. \_\_\_\_\_  
 Company Name \_\_\_\_\_ Position Held \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
 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

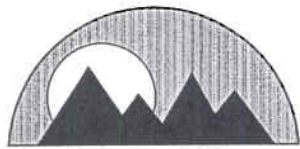
**V. Work Availability**

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 Intellectual & Developmental Disabilities 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

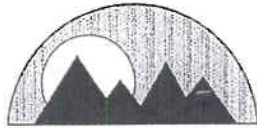
Eligible for rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Other

Company Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Title of Person Verifying Information

\_\_\_\_\_  
Date



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Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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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: \_\_\_\_\_

\_\_\_\_\_

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Name and Title of Person Verifying Information

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Date





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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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To \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Other Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name and Title of Person Verifying Information

\_\_\_\_\_  
Date



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Attitude \_\_\_\_\_ Initiative \_\_\_\_\_ Cooperation \_\_\_\_\_ Dependability \_\_\_\_\_ Judgment \_\_\_\_\_

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: