

**Hope House Foundation
Eligibility for Direct Service Positions**

Name: _____

Date: _____

Applicants *MUST* meet *ALL* of the following criteria to be eligible for employment with Hope House Foundation. PLEASE READ EACH CRITERIA AND INITIAL NEXT TO EACH ONE.

- _____ Be at least 18 years of age.
- _____ Have a high school diploma or GED.
- _____ Have a valid driver's license (VA license preferred).
- _____ Have a satisfactory driving and criminal history record.
- _____ Be willing to drive and use your personal vehicle for work related tasks (must submit proof of current vehicle insurance upon hire).
- _____ Be able to work in the evenings (between 4pm & 10pm) and/or on the weekends and holidays.
- _____ Be able to attend agency-wide meetings from 6pm to 8pm regularly every other month (unless excused by supervisor).
- _____ Be able to attend an annual weekend staff retreat in September (child care is provided if needed).
- _____ Be able to become certified in CPR & First Aid within 90 days of employment/Basic MANDT and Medication Training within 90 days of employment.
- _____ Be able to provide TB test results to personnel within 30 days of employment.

If hired employees are also required to attend the following trainings and orientation classes within the first 90 days of employment. Evening sessions typically start at 5pm and Saturday classes begin at approximately 8:30am. Employees are compensated for attending these sessions.

- Initial Orientation (4 hours) – this is a one time session scheduled on a week day from 8:45am until 1pm to complete your new hire paperwork.
- CPR Training (4 hours) – evening classes usually from 5pm to 9pm (training is offered once a month with annual recertification. Employees can also take classes through the Red Cross and be reimbursed upon receipt of card) ***Please check if you are already certified:*** _____
- First Aid Training (2 hours)–evening classes usually from 5pm to 7pm (training is offered once a month with recertification every three years. Employee can also take classes through the Red Cross and be reimbursed upon receipt of card) ***Please check if you are already certified:*** _____
- MANDT Training (8 hours basic for part-time employees/16 hours basic & intermediate for full-time employees). Evening (2 evenings 5pm to 9pm) and Saturday (8:30am to 5pm) classes available for basic/Monday (9am to 5pm) classes for intermediate. ***Please check if you are already certified:*** _____
- Medication Training (22 hours) – offered once a month over the course of 5 consecutive evenings from 5pm to 10pm. ***Please check if you are already certified:*** _____
- Agency Orientation (11.5 hours). Part I offered on a Saturday every other month from 9am to 5pm, Part II offered on a Wednesday monthly from 5:30pm to 9pm.

I am able to meet the above requirements with the following limitations: _____

_____ ***(Please Initial) I understand that these are job requirements and agree to fulfill this obligation.***

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QUESTIONNAIRE:

1. Are you able to comfortably **climb stairs** (several times per shift)? Yes: _____ No: _____
2. Are you able to physically assist with **lifting & transferring** individuals who require this type of assistance? Yes: _____ No: _____
If no, what are your limitations? _____
3. Some of the people we support **smoke** in their apartments. Are you able to handle being around cigarette smoke? Yes: _____ No: _____
4. A few people we support have small **pets**. Are you comfortable with being around pets? Yes: _____ No: _____
5. We support people that may need assistance with **toileting and personal hygiene**. Would you be comfortable assisting with these tasks?
Yes: _____ No: _____

People who work for Hope House Foundation need to have a basic understanding of disabilities. Please circle the best answer to the questions listed below.

1. Persons with mental retardation
A are all the same
B always need assistance with personal hygiene
C are an extremely diverse group of individuals
D should be treated like small children rather than adults
2. It is more respectful to allow persons with mental retardation to experience safely the activities of daily life than to protect them through "special activities" with others who are disabled.
A True
B False
3. The best way to provide services to people with mental retardation is by grouping them according to their level of mental retardation.
A True
B False
4. People may communicate through
A spoken or written language
B behaviors
C signs or gestures
D A and C only
E A, B, and C
5. When working with individuals with developmental disabilities, it is most effective to use a _____ tone of voice
A parental
B persuasive
C respectful
D threatening

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Do you have a vehicle that you can use during working hours to transport people we support? Yes: _____ No: _____

Hope House Foundation does Criminal History and DMV background checks on every employee hired. Have you ever been convicted of a law violation(s) including moving traffic violations, but excluding offenses committed before your 18th birthday, which were adjudicated in a juvenile court under a youth offender law? Convictions will not necessarily disqualify you from being considered for employment. Yes: _____ No: _____

If yes, please explain: _____

Please list all licenses and Certifications (including driver's license, CPR, First Aid, etc.)

Type of License/Certification	License/Certification Number	Expiration Date	Issued By:
Driver's License			

For purposes of the Immigration and Reform and Control Act, are you legally eligible for employment in the United States? Yes: _____ No: _____

EXPERIENCE:

Do you have any experience in the field of Mental Health or Mental Retardation? Yes: ___ No: ___ If yes, please explain: _____

Do you have any volunteer experience in community-based programs? Yes: ___ No: ___ If yes, please explain: _____

Typing Speed: _____ Computer Skills: _____

Special Skills (sign language, musical abilities, sports, nursing, etc.): _____

Please write a brief paragraph explaining why you are interested in working with Hope House Foundation.

REFERENCES: (Please make sure these are professional references & NOT personal references)

Name	Phone Number	Job Title/Relationship

Are any of the references listed above Hope House Foundation Employees? Yes: _____ No: _____

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LIST ALL PAID AND VOLUNTARY EXPERIENCE IN ORDER OF MOST RECENT POSITIONS:

Job Title: _____ Part-time: ____ Full Time: ____ Employer: _____

Name if Different from Present: _____ Employer's Address: _____

Name of Supervisor: _____ Supervisor's Phone Number: _____ Number of Employees Supervised: ____

Reason for Leaving: _____ Dates Employed: ____ to ____ Ending Salary: _____

Duties: _____

Job Title: _____ Part-time: ____ Full Time: ____ Employer: _____

Name if Different from Present: _____ Employer's Address: _____

Name of Supervisor: _____ Supervisor's Phone Number: _____ Number of Employees Supervised: ____

Reason for Leaving: _____ Dates Employed: ____ to ____ Ending Salary: _____

Duties: _____

Job Title: _____ Part-time: ____ Full Time: ____ Employer: _____

Name if Different from Present: _____ Employer's Address: _____

Name of Supervisor: _____ Supervisor's Phone Number: _____ Number of Employees Supervised: ____

Reason for Leaving: _____ Dates Employed: ____ to ____ Ending Salary: _____

Duties: _____

CERTIFICATION:

I certify that all entries on all pages are true and complete, and I agree and understand that falsification of information regardless of time of discovery may cause forfeiture on my part to any employment in the service of Hope House Foundation. I understand that all information on this application is subject to verification, and I consent to references and former employers listed being contacted regarding this application. I further authorize Hope House Foundation to rely upon and use as sees fit any information received in such contacts.

Signature: _____

Date: _____