

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 write “yes” or “no” next to each criterion that you meet or do not meet.

- _____ Are you at least 18 years of age?
- _____ Do you have a high school diploma or GED
- _____ Do you have a valid Virginia driver’s license (or be willing to obtain prior to hire)
- _____ Do you have a satisfactory driving record and criminal history record
- _____ Are you willing to drive your personal vehicle for work related tasks (mileage reimbursement is paid).
- _____ Will you have current vehicle insurance and be able to submit policy verification upon hire.
- _____ Are you willing to obtain and submit recent TB test results (less than 6 months old) upon hire.
- _____ For purposes of Immigration Reform and Control Act, are you eligible for employment in the United States?
- _____ Do you have the physical ability to **ascend and descend stairs** (several times per shift)?
- _____ Do you have the physical ability to **lift household items such as laundry baskets, groceries, or cleaning equipment?**
- _____ Do you have the physical ability **to lift and transfer individuals** who require this type of assistance?
If you answered “no” to either **lifting** question, what are your limitations? _____

If you do not meet all of the above job requirements,  as you are not eligible for employment at this time.

Questionnaire: The following information will be used to make the best location match for new employees.

1. A few of the people we support have small **pets**. Are you comfortable with pets? Yes: _____ No: _____
If no, please explain limitations: _____
2. A few of the people we support **smoke** in their apartments. Are you able to handle being around cigarette smoke? Yes: _____ No: _____
If no, please explain limitations: _____
3. We support people who may need assistance with **toileting and personal hygiene**. Are you comfortable assisting with these tasks?
Yes: _____ No: _____ If no, please explain limitations: _____

If hired, employees are also required to attend the following trainings and orientation classes. 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 weekday morning at 9:00 a.m. until 1:00 pm to complete your new hire paperwork.
- CPR Training (4 hours) – evening classes usually from 7:30pm 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 7:30pm to 9pm (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: _____*
- Behavior Support Training (16 hours). Evening (2 evenings 5pm to 9pm) and Saturday (8:30am to 5pm) classes available. *Please check if you are already certified: _____*
- Medication Training (25 hours) – offered once a month over the course of 5 consecutive evenings starting at 5:00 p.m. *Please check if you are already certified: _____*
- Agency Orientation (12 hours). Part I offered on a Sat. every other month from 9am to 5pm, Part II offered monthly on a weekday evening.

I understand that employment with Hope House is contingent upon obtaining and maintaining these requirements.

_____ **(please sign).**

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

HOPE HOUSE FOUNDATION EMPLOYMENT APPLICATION

801 Boush Street, Suite 302, Norfolk, Virginia 23510 Phone: 757-625-6161 Fax: 757-625-7775
Hope House Foundation is an Equal Opportunity Employer

PART I---IDENTIFICATION:

Are you currently employed with Hope House Foundation? Yes: ___ No: ___ Today's Date: _____ Date Available to Start: _____

Position Applying For: _____ Team Location/City Preference: _____

Legal Name: _____ Birth Date (optional): _____
Last First MI

Address: _____
Street Address Apt # City State Zip

Preferred Phone: _____ Alternate: _____ E-mail Address: _____

PART II---EDUCATION:

Are you a high school graduate? Yes: ___ No: ___ If no, do you have a high school equivalency diploma or GED? Yes: ___ No: ___

Circle the number of years of post high school education (college/vocational school): 1 2 3 4 5 6 7

	Name & Location of Institution	Hours	Diploma/Degree/ Certificate	Major/Specialty	Minor	Dates Attended
High School		N/A				
Post High School						
Post High School						

PART III---EXPERIENCE:

Do you have any work experience in the field of human services? Yes: ___ No: ___ If yes, please explain: _____

Do you have any other experience helping others with their daily living needs? Yes: ___ No: ___ If yes, please explain: _____

Volunteer experience? Yes: ___ No: ___ If yes, please explain: _____

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

PART IV---MISCELLANEOUS:

How did you learn about this position? (Please check one) Newspaper (list publication): _____ HHF Website: _____
 Online: _____ Walk-In: _____ Employee Referral (list employee): _____
 Other (specify): _____

Which job status would you accept? Full-Time: _____ Part-Time: _____
 Are you available to work: Days _____ Evenings _____ Weekends _____ Overnights _____ (please check all that apply)

Please note specific hours you are available to work each day, (i.e. 4pm to 10pm; **put an X under any day you are not available to work**). Our weekday evening shifts typically start at 4:00 p.m. There are two rows for each day in the event you are available to work split shifts.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To
From	To	From	To	From	To	From	To	From	To	From	To	From	To

Additional Schedule Information: _____

Have you ever been employed with Hope House Foundation? Yes: _____ No: _____ *If yes, please complete the next line:*
 Team Location: _____ Supervisor: _____ Position: _____
 Dates Employed: _____

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: _____

Do you have a valid Virginia driver's license? Yes: _____ No: _____
 Do you have current vehicle insurance? Yes: _____ No: _____

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

PART V---LIST ALL PAID AND VOLUNTEER 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: _____