

**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 9am. Employees are compensated for attending these sessions.**

- Initial Orientation (4 hours) – this is a one time session scheduled on a weekday morning at 9am until 1pm to complete your new hire paperwork.
- CPR & First Aid Training (3 hours) – evening classes from 5pm to 8pm (training is offered once a month with recertification every 2 years). Employees 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 (9am 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 5pm.  
*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 every other month 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.

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

Name	Phone Number	Job Title/Relationship	Email Address

**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: \_\_\_

Choose 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 18<sup>th</sup> 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: \_\_\_\_\_

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_