

Application for Employment

Blessing House
5440 Grove Avenue
Lorain, OH 44055
440-240-1851



Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify us at the time of interview.

Name _____ Social Security # _____ - _____ - _____
 Last First Middle
 Address _____
 Street City State
 Cell Phone #(_____) _____ Home Phone #(_____) _____ E-mail Address _____
 Position(s) applied for _____ Date of Application ____/____/____
 How did you hear about Blessing House? _____

If necessary, best time to call you at home is ____:____ a.m. p.m.
 May we contact you at work? Yes No
 If **yes**, work number and best time to call:
 (_____) _____ ____:____ a.m. p.m.
 Have you submitted an application here before?... Yes No
 If **yes**, give date(s) and position(s) _____

Are you legally eligible for employment in this country? Yes No
 Date available for work..... ____/____/____
 Type of employment desired: Full-Time Part-Time
 Which days are you available to work:
 Mon. Tue. Wed. Thu. Fri. Sat. Sun.
 Which shift(s) are you available to work:
 1st (7:00 am-3:30 pm) 2nd (3:00 pm-11:30 pm) 3rd (11:00 pm-7:30 am)

If they have been explained to you, are you able to meet the attendance requirements of the position?..... N/A Yes No
 Will you work overtime if required?..... Yes No
 If **no**, please explain _____

 Have you ever been bonded? Yes No
 Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
 Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? Yes No
 If **yes**, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information. (Please list all positions held.)

Employer	Telephone #	City	State
Dates Employed (MM/DD/YY): From	To	Job Title and Duties	
Contact at Employer	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

Why did you leave?

Employer	Telephone #	City	State
Dates Employed (MM/DD/YY): From	To	Job Title and Duties	
Contact at Employer	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

Why did you leave?

Employer	Telephone #	City	State
Dates Employed (MM/DD/YY): From		To	Job Title and Duties
Contact at Employer	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?			

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed above, have you ever been fired or asked to resign from a job..... Yes No

If **yes**, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

If not shown above, please describe any volunteer or other experience you have working with children.

Education	Graduation/GED Date	Completed
High School Name Location		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
College Name Location Major/Minor		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
Trade School Location Coursework		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
Other Location Coursework		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____

References

List name and telephone number of **three business/work** references who are *not* related to you and are *not* previously listed supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employers or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organization for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains currently for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Program Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) eliminate me from further consideration for employment, or (b) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____

BLESSING HOUSE EMPLOYMENT INFORMATION

To assist us in hiring and scheduling, we need to know what shifts you are available to work. Please fill out the following indicating what shifts you can work. Mark available shifts with an "A."

Leave blank the shifts you cannot work.

If availability changes seasonally, please note below.

	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>
1 st shift (7:00 AM to 3:30 PM)	_____	_____	_____	_____	_____	_____	_____
2 nd shift (3:00 PM to 11:15 PM)	_____	_____	_____	_____	_____	_____	_____
3 rd shift (11:00 PM to 7:30 AM)	_____	_____	_____	_____	_____	_____	_____

Please tell us how many shifts you would like to work each week: _____

What is the fewest number of shifts you would work each week? _____

What is the greatest number of shifts you would work each week? _____

Other availability restrictions we need to know about (School classes, outside commitments, etc.)

Hiring and Training information

Before Blessing House can hire you as a child care worker, you will need to provide to us the following:

- 3 references – 2 work references and 1 personal reference (Provided before hire)
- Physician's statement indicating physical ability to perform child care duties (Provided before training can begin)
- Background check (Both FBI and BCII)

I understand that the above information will be used for scheduling purposes if a Child Care position is offered and accepted.

Name: _____ Date: _____