

Hartwood Foundation, Inc.

3702 PENDER DR. SUITE 410 FAIRFAX, VA 22030

Tel. 703-273-0939 • Fax 703-273-6807 • Email apuzo.ibe@hartwoodfoundation.com

I. APPLICANT INFORMATION:

Name (Last, First, Middle) _____ Date: _____

Address _____ Home Phone: _____

City, State, Zip Code _____ Cell Phone: _____

Position Applied For:

- Direct Support Professional
- Evening Shift Supervisor/
Program Manager
- Team Leader
- Other: _____

Availability:

- Check all that apply
- Full Time Day
 - Part Time Evening
 - PRN Overnight
 - Weekends

Are You at Least 18 Years Old

- Yes No

Please Check One

- Male Female

Driver's License Number: _____

State: _____

Social Security Number: _____

II. EDUCATION & TRAINING BACKGROUND:

High School	Name, City & State of School	Highest Grade Completed: Check one	Did You Graduate?	Date of Graduation	List Degree or Diploma
High School or GED		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/Trade		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post Graduate		<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER TRAINING: *Check all that apply*

- Certified Nursing Assistant
- Home Health Aide
- Adult CPR
- First Aid
- Current TB Test
- Human Rights
- Incident Report Writing
- Mandt or TOVA
- Virginia Medication Management
- Other (s) _____

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III. EMPLOYMENT HISTORY Print Clearly - Do Not Write "See Resume" - Attach additional sheets as needed.

List Most Recent Job First

Employer: _____ Telephone Number: _____

Address: _____
(Street) (City) (State)

Starting Position: _____ Last Position: _____

Starting Salary: _____ Last Salary: _____

Dates Employed: From _____ To: _____

Name & Title of Supervisor: _____

Describe General Duties: _____

Reason for Leaving: _____

.....
Employer: _____ Telephone Number: _____

Address: _____
(Street) (City) (State)

Starting Position: _____ Last Position: _____

Starting Salary: _____ Last Salary: _____

Dates Employed: From _____ To: _____

Name & Title of Supervisor: _____

Describe General Duties: _____

Reason for Leaving: _____

.....
Employer: _____ Telephone Number: _____

Address: _____
(Street) (City) (State)

Starting Position: _____ Last Position: _____

Starting Salary: _____ Last Salary: _____

Dates Employed: From _____ To: _____

Name & Title of Supervisor: _____

Describe General Duties: _____

Reason for Leaving: _____

.....
Employer: _____ Telephone Number: _____

Address: _____
(Street) (City) (State)

Starting Position: _____ Last Position: _____

Starting Salary: _____ Last Salary: _____

Dates Employed: From _____ To: _____

Name & Title of Supervisor: _____

Describe General Duties: _____

Reason for Leaving: _____

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IV. RECRUITMENT/REFERRAL SOURCE

- Walk In Hartwood Employee (Name) _____
- Newspaper(s): Please specify _____
- Other _____

RI V. REFERENCES List 2 references who are familiar with your work & 1 personal reference

Name Organization Relationship Phone # Years Known

- 1. _____
- 2. _____
- 3. _____

VI. BACKGROUND INFORMATION

- 1. Have you ever applied to Hartwood Foundation before? Yes No
- 2. Have you ever been employed with Hartwood Foundation before? Yes No
- 3. Do you have any friends or relatives employed by Hartwood Foundation? Yes No

If yes, list name(s) _____

- 4. Are you lawfully entitled to work in the United States? Yes No
- 5. Can you fully perform the functions of the position for which you are applying? Yes No

If no, please indicate the nature of restrictions: _____

(A written statement from a licensed physician documenting listed restrictions may be required)

- 6. Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, list date, city, charge, and disposition: (A conviction will not necessarily disqualify employment)

VII. DRIVING INFORMATION: *Attach additional sheets as needed.*

- 1. How long have you had a U.S. driver's license? _____
- 2. Do you have a valid driver's license from the state you currently live in? Yes No
- 3. During the past 5 years:
 - a. Have you received a traffic ticket for speeding 20 miles over the speed limit? Yes No
 - b. Have you been involved in a vehicle accident? Yes No
 - c. In the past 5 years have you received any tickets for traffic violations? Yes No

If yes, convicted of _____

Date: _____ Jurisdiction: _____

- 4. Has your driver's license ever been suspended? Yes No

If yes, dates of suspension (s) _____

Reason (s) _____ Jurisdiction (s) _____

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VIII. NAME CHANGE

In order to permit a check of your educational and employment records, please list any changes in name or assumed name you may have used: Include birth, maiden and/or married name if different from current name.

Name: _____ Dates Used: _____

Name: _____ Dates Used: _____

XI. AFFIRMATION & AUTHORIZATION

I hereby affirm that the information provided on the application and accompanying resume, if any, is true and complete to the best of my knowledge. I also agree that any falsification or omission of required information may disqualify me from further consideration for employment and may be considered justification for dismissal from employment if discovered at a later date.

I authorize a thorough investigation of my past educational and employment activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and concerns requesting or supplying information. I understand and agree that Hartwood Foundation, Inc., may contact any or all past employers pursuant to this investigation.

It is the policy of Hartwood Foundation, Inc., not to discriminate in hiring and employment, in accordance with the requirements of all applicable State and Federal laws, on the basis of race, creed, religion, national origin, sex, citizenship status, age, or the presence of a qualified mental, physical or visual handicap. I hereby agree to submit to any lawful drug, integrity and skill testing that may be required as a condition of my employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in dismissal.

I understand that this application is valid for 90 days only. I also understand that if I am employed, I agree to accept the employment conditions of the company, now existing, or established in the future, including transfer from one location to another when directed by the company. In consideration of employment I agree to conform to the policies and procedures of Hartwood Foundation, Inc., and understand that the company may change these from time to time without notice; and that employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I understand that this application is not and is not intended to be a contract for employment now or in the future. I understand that no company manual or document is intended to change this, and no manager or representative of Hartwood Foundation, Inc., other than the Executive Director has any authority to enter into any agreement for employment.

Print Name

Date

Signature

Hartwood Foundation, Inc.

X. PRE-EMPLOYMENT INQUIRY AUTHORIZATION

I, _____, hereby authorize and agree that INTERPROBE, INC., will conduct the appropriate inquiries to determine my eligibility for employment on behalf of the Hartwood Foundation, Inc. I fully understand that these inquiries may include, but are not limited to, criminal record checks, driving records, credit reports and interviews.

I agree to indemnify and hold INTERPROBE, INC., and its agents harmless against any and all liability, cost and expenses, including attorney's fees, occasioned by claims or suits for loss or damages arising out of the reasonable and lawful acts of INTERPROBE, INC., and its agents in connection with this service.

This Authorization is valid for a period of 30 days from the date given below.

Name: _____ Date: _____
(Last) (Middle) (First) PLEASE PRINT

Address: _____
(Street) (City) (State) (Zip Code)

Signature: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____ State: _____

Former Driver's License Number: _____ State: _____

(If Current License is Less Than 1 Year Old)

Address of Former Residences: (if lived at present residence less than seven years):

1. _____
2. _____
3. _____