



Employment Application

Applicant Information

Full Name: _____ Date: _____
 Last First M.I.

Address: _____ Apartment/Unit # _____
 Street Address

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ Full Time () Part-Time ()

Have you lived in the state of Ohio for the past 5 years? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have a valid Ohio driver's license? YES NO

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School: _____
 From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

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 Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal.

I authorize the investigation of all statements contained herein and give permission for the references listed above to give you any and all information concerning my background, and release all parties from all liability for any damage that may result from furnishing the same to you.

Signature: _____ Date: _____

FOR AGENCY USE ONLY

Interviewed by: _____ Date: _____

Comments: _____

Hired? YES _____ NO _____ Position _____ Salary _____

Approved by Residential Manager: _____ Date: _____

Consent and Authorization to Release Information

Having submitted an application for employment with Intervention for Peace, Inc, hereinafter referred to as The Company, I hereby authorize The Company and its authorized and designated agency, to conduct an investigation of my background which may or can encompass a public records search, i.e. criminal history records verification, social security number verification, employment related credit history profile, Worker's Comp Claim Check, motor vehicle operator's license verification, at any time as deemed necessary by The Company. I further authorize The Company to conduct and verify, as needed, my current or past employment/work history, scholastic/academic/credentials records, and references provided or developed.

I specifically authorize The Company and/or its authorized agent to contact and of the aforementioned entities and give my permission to have any records/documents and/or information released either verbally, in writing (print) or electronically to The Company and/or its authorized agent. I understand that the acceptance of my application for employment by The Company does not constitute an offer of employment. I authorize that a copy of this Consent and Authorization to Release Information is to be accepted with the same authority as the original.

I also authorize The Company to conduct an inquiry to a consumer-reporting agency concerning my present and/or past employment/work history. Consumer reporting agencies (CRAs) are established for the purpose of receiving, storing, and disseminating information regarding employment dishonesty, retail theft and related incidents, other acts of dishonesty, violence or drug-related offenses, etc. reported to them. I authorize a CRA to issue any such reports/incidents that are on file to The Company.

I understand that my employment, retention, or promotion by The Company may be determined in whole or in part, based on the report(s) issued to The Company by a CRA acting as The Company's authorized agent. I have been informed and I understand that I may obtain a copy of such report(s) and that I may dispute the accuracy or completeness of the information reported to The Company by writing or calling the CRA at the address or telephone number given to me at the time I receive a copy of the report.

Information obtained or reported by any agency and/or entity will be treated in a sensitive and confidential manner and will be disclosed to authorized/designated representatives of The Company on a need-to-know basis.

I agree to hold all of the above-named corporations/companies/governmental agencies/consumer reporting agencies (CRAs)/individuals/entities, it's officers, agents, and employees free and harmless from any claims I might otherwise have against them for any damages and/or liability to me, resulting from any disclosure and of its results and any conclusions drawn there from.

I do hereby generally release, waive, and forever discharge all of the above-named corporations/companies/governmental agencies/consumer reporting agencies (CRAs)/individuals/entities, it's officers, agents, and employees from any and all actions or cause of actions, claims, demands, or liabilities, which I have now, or may ever have as a result of conducting an investigation of my background.

Printed Name	Signature	Date
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Social Security Number	Date of Birth-for identification
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Street Address	City	State	Zip Code
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Operator's License Number/State Issued
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Print Last Name

First Name

Intervention for Peace Provider Availability

Upon hire, each provider is requested to submit the days and times of their availability. If your availability should change, you must submit in writing two weeks prior to availability change and schedule a meeting with the Residential Manager.

Weekdays:

_____ Evenings 2:30pm-11pm

_____ Nights 11pm-8am

Weekends:

_____ Days 8am-3pm

_____ Evenings 3pm-11pm

_____ Nights 11pm-8am

Please list any additional hours you are able to work below:

DAY	Time In	Time Out
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Example of additional availability:

Day	Time In	Time Out
Weekends	One a Month	Any Shift
Wednesday	Any Third Shift	
Tuesday	8am	12am