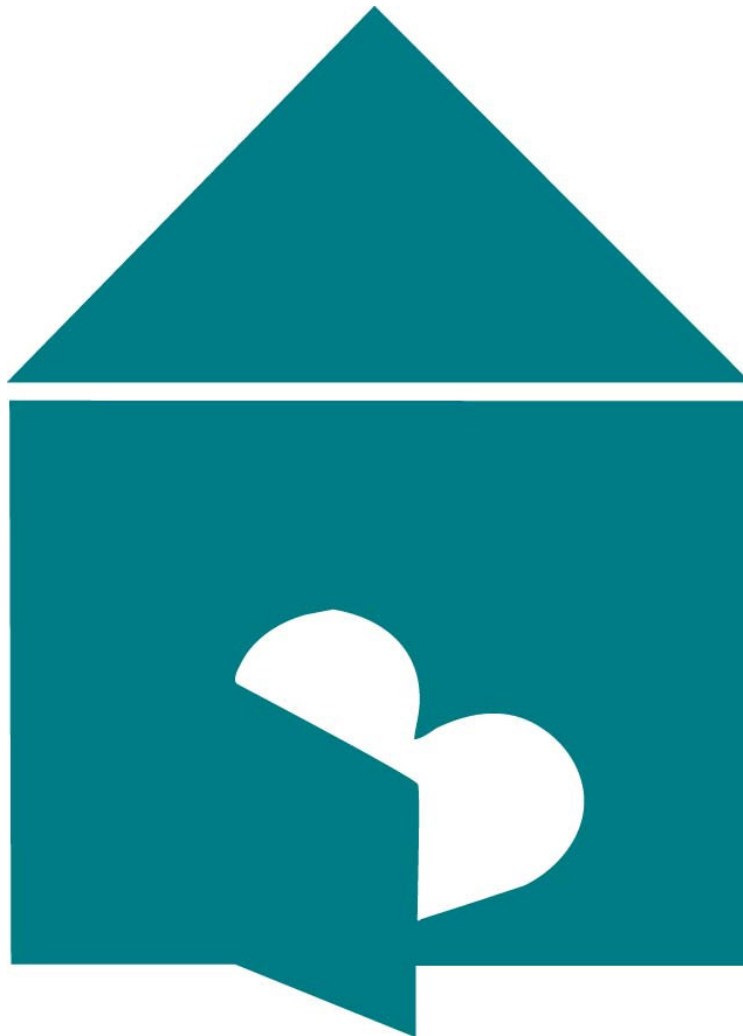


Helping Hand Home for Children, Inc.

Employment Application



Helping Hand Home for Children, Inc. is committed to the principles of Equal Employment Opportunity. All employment decisions are made on the basis of individual qualifications, without regard to race, color, gender, religion, national origin, age, disability, marital status, sexual orientation, veteran status, or political belief as defined by the law. Positions are filled by persons best qualified by their training, experience, attitude, performance ratings and other accepted determinable qualifications, which meet the requirements of the job.

Helping Hand Home for Children, Inc.

PERSONAL

Last Name	First	Middle Initial	Social Security #
Other Name(s) Used			Home Telephone # ()
Address			E-mail address:
Position Applying For	Referred By		Desired Salary
Have you ever interviewed with the Agency before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s) and job title(s)	
Have you ever been employed by the Agency before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s) and job title(s)	
Do you have any relatives employed by the Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list name and relationship	
Are you at least 21 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to read and write?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been charge with a criminal offense that did not result in a dismissal of the charges or a "not guilty" verdict? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any pending criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Answering "yes" to these questions does not constitute an automatic bar to employment.			
If your answer is yes, please provide the nature of the charges including dates and locations (county and State) of the trials. _____ _____			

AVAILABILITY

Total Hours Available Per Week _____

Helping Hand Home for Children, Inc. is a 24-hour facility; please indicate your 24-hour availability.

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

EMPLOYMENT HISTORY

Please provide information on your last (4) employers, assignments or volunteer activities. List most recent employer first. A resume may not be substituted for this section, but may be attached to this application to provide additional information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities _____ _____ _____ _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities _____ _____ _____ _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (CONT'D)

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities _____ _____ _____ _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities _____ _____ _____ _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES

Please list three professional references with whom you have worked. List one personal reference to whom you are not related, who has known you at least three years and can provide a character reference.

Name	Telephone	Years Known
Professional	()	
Professional	()	
Professional	()	
Personal	()	

GENERAL

Yes No

- If hired, will you be able to work regularly-scheduled overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- I understand that should I become employed by the Agency, that as a condition of my employment with the Agency that I will be required to submit to a Request for Criminal History and Central Registry Check with the State of Texas Department of Protective and Regulatory Services.
- I understand that I will be required to submit to a preliminary background investigation which will be conducted by Helping Hand Home for Children, Inc. as part of the applicant screening process.

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by Helping Hand Home for Children, Inc., I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Helping Hand Home for Children, Inc. (the Agency) to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Agency and will hold the Agency and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Agency to obtain any credit and consumer check. I understand that I will be notified in writing should adverse information result in denial of employment in full compliance with applicable provisions of the Fair Credit Reporting Act, as amended.

Should I become employed by the Agency, I hereby agree to submit to periodic checks of my background and driving record by the Agency or its designated agent, at the sole discretion of the Agency. The timing of these subsequent periodic checks shall be the sole discretion of the Agency. I further agree that if I attempt to withdraw this authorization during my employment with the Agency, said withdrawal shall be deemed justification for immediately terminating my employment.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Agency is intended to create an employment contract between myself and the Agency under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at-will and may be terminated by me or by the Agency at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

EEO INFORMATION

Pursuant to federal regulations, we collect responses to the questions below for record-keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, gender, age, national origin, religion or disability.

Date of application: ____/____/____

Check the block for the racial or ethnic group with which you identify:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & Asian American |
| <input type="checkbox"/> Black | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Hispanic | |

Check the block for the highest level of education you have completed:

- | | |
|---|--|
| <input type="checkbox"/> Less than 8 th grade | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Completed 8 th grade | <input type="checkbox"/> Attended graduate school |
| <input type="checkbox"/> Attended high school | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High school graduate or equivalent | <input type="checkbox"/> Graduate study beyond master's requirements |
| <input type="checkbox"/> Attended college and/or Associate Degree | <input type="checkbox"/> PhD or professional degree |

Check the appropriate block:

- Female
 Male

Position applied for: _____

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract and voluntary services) I understand that consumer reports that may contain public record information may be requested. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, education, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records. I understand that I will be notified in writing should adverse information result in denial of employment in full compliance with applicable provisions of the Fair Credit Reporting Act, as amended.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to request the nature and substance of all information on file regarding me, including the sources of information; and the receipts of any reports on me. I hereby consent to your obtaining the above information.

I hereby authorize procurement of consumer report(s). If hired (or contracted / used as a volunteer) this authorization shall remain on file and shall serve as ongoing authorization for Associated Services to obtain consumer reports at any time during my employment.

PRINTED NAME

_____-_____-_____
SOCIAL SECURITY NUMBER

CURRENT STREET ADDRESS

OTHER TEXAS CITIES OF RESIDENCE (LIST ALL)

CURRENT CITY & STATE

OUT OF STATE RESIDENCE IN PAST 5 YEARS
(Give complete address including County or Parish)

COUNTY OF RESIDENCE

ALTERNATE NAMES USED (Include maiden
name if appropriate)

CURRENT PHONE NUMBER

_____/_____/_____
DATE OF BIRTH

DRIVER'S LICENSE # & STATE

APPLICANT'S SIGNATURE

DATE

Note: Date of Birth and other identifying information will be used exclusively by Helping Hand Home for Children, Inc. for required secure criminal records checks and identification purposes only. Verification of Drivers License / ID / Social Security Number will be required by photocopy of original documents by Helping Hand Home Staffers.