

APPLICANT NAME:

CHRISTIAN HOME SERVICES

EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

IT IS THE POLICY OF THIS ORGANIZATION NOT TO DISCRIMINATE ON THE BASIS OF RACE, SEX, GENDER IDENTITY, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, AGE, WIEGHT, HEIGHT, COLOR OR HANDICAP IN THE HIRING, PROMOTION, PAYMENT OR DISCIPLINE OF EMPLOYEES

NOTE FOR DISABLED APPLICANTS

IF YOU ARE A PERSON WITH A HANDICAP, YOU MAY REQUEST ANY NEEDED REASONABLE ACCOMODATION TO PARTICIPATE IN THE APPLICATION OR INTERVIEW PROCESS. THIS REQUEST SHOULD BE MADE IN ADVANCE SO THAT WE CAN MAKE AN ACCOMODATION.

APPLICATION INSTRUCTIONS

1. The "Employment Application" is a very important piece of Christian Home Services, Inc. selection process. This application must be completed at the facility where obtained.
2. Answer all questions fully and honestly. Not answering all questions can result in rejection or delay in considering your application.
3. Print your response clearly using a ball point pen.
4. Do not write in boxes marked "Office Use Only".
5. The Agreement section must be read and signed in order for you to be considered for employment with Christian Home Services
6. When you have completed this application, return it to the office associate who gave it to you.

Christian Home Services, Inc. provides equal employment opportunities without regard to race, sex, gender identity, sexual orientation, age, national origin, religion, height, weight, color, or disability and will make reasonable accommodations for disabled applicants and new hires.

PERSONAL INFORMATION					
NAME (LAST, FIRST, MIDDLE)					
MAILING ADDRESS, CITY, STATE, ZIP CODE				APT. #	NO. YEARS THERE
PREVIOUS ADDRESS				APT. #	NO. YEARS THERE
SOCIAL SECURITY NO. XXX-XX-	TELEPHONE (PRIMARY)	TELEPHONE (SECONDARY)	EMAIL		
Are you 18 years of age or older? YES NO		Do you have a legal right to work in the United States? Yes No		DRIVER'S LICENSE NUMBER	
Have you ever been employed by this organization before? If yes, give employment dates and other name used.		DATE OF APPLICATION	HIRED? YES NO	IF HIRED DATES OF EMPLOYMENT FROM: TO:	LOCATION (CITY, STATE)
NAME OF PERSON TO NOTIFY IN CASE OF EMERGENCY		TELEPHONE (WORK)		TELEPHONE (HOME)	
ADDRESS		HAVE YOU USED ANY OTHER NAME? IF SO, PLEASE STATE IT HERE AND THE DATES USED:			

EMPLOYMENT INTEREST	
POSITION (TYPE OF WORK) DESIRED	FULL TIME • PART TIME
STARTING WAGE/SALARY DESIRED	PLEASE LIST DAYS OR TIMES YOU ARE UNAVAILABLE TO WORK
LIST SPECIAL SKILLS, TRAINING OR ABILITIES WHICH QUALIFY YOU FOR THE JOB APPLIED FOR:	
DID A CURRENT CHS EMPLOYEE REFER YOU FOR THIS POSITION? IF SO, WHO?	

EDUCATION			
TYPE OF SCHOOL	NAME AND ADDRESS	DIPLOMA OR DEGREE RECEIVED	AREA(S) OF SPECIALIZATION
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
OTHER			

EMPLOYMENT RECORD (LIST LAST 3 JOBS HELD - LIST MOST RECENT FIRST)			
NAME OF COMPANY		CITY/STATE OF COMPANY	MAY WE CONTACT?
POSITION TITLE	• FULL TIME • PART TIME	DATES OF EMPLOYMENT FROM: TO:	TYPE OF BUSINESS
DUTIES		REASON FOR LEAVING	
NAME AND TITLE OF SUPERVISOR		SUPERVISOR'S TELEPHONE	OFFICE USE ONLY - VERIFICATION SIGNATURE & DATE
NAME OF COMPANY		CITY/STATE OF COMPANY	MAY WE CONTACT?
POSITION TITLE	• FULL TIME • PART TIME	DATES OF EMPLOYMENT FROM: TO:	TYPE OF BUSINESS
DUTIES		REASON FOR LEAVING	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		SUPERVISOR'S TELEPHONE	OFFICE USE ONLY - VERIFICATION SIGNATURE & DATE
NAME OF COMPANY		CITY/STATE OF COMPANY	MAY WE CONTACT?
POSITION TITLE	• FULL TIME • PART TIME	DATES OF EMPLOYMENT FROM: TO:	TYPE OF BUSINESS
DUTIES		REASON FOR LEAVING	
NAME AND TITLE OF SUPERVISOR		SUPERVISOR'S TELEPHONE	OFFICE USE ONLY - VERIFICATION SIGNATURE & DATE

SUPPLEMENTAL INFORMATION
<p>A. Have you ever been convicted of a crime? Yes • No</p> <p>B. Have you ever been convicted of driving while impaired, DUI, or reckless driving? Yes • No</p> <p>C. Do you have transportation to work? Yes • No</p> <p>D. Do you have a dependable vehicle available for business use? Yes • No</p> <p>E. Are you willing to use your vehicle in the performance of your job? Yes • No</p> <p>If no, please explain _____</p> <p>_____</p> <p>Have you ever been administratively determined by a federal, state or local government agency to have committed abuse or neglect? Yes • No</p> <p>If yes when, where, and the nature of the case _____</p> <p>_____</p> <p>If you said yes to any of the above, please explain in detail (if a criminal offense, provide type of offense, date of conviction, sentence or penalty received, city, county and state where convicted). Conviction of a crime will not necessarily disqualify you from consideration for employment.</p> <p>_____</p> <p>_____</p>

EMPLOYEE REFERRALS LIST ANYONE YOU KNOW THAT CURRENTLY WORKS FOR CHRISTIAN HOME SERVICES			
NAME	RELATIONSHIP TO YOU	OCCUPATION	TELEPHONE

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REFERENCES LIST THREE (3) PEOPLE NOT RELATED TO YOU WHO HAVE KNOWN YOU AT LEAST 3 YEARS

NAME	RELATIONSHIP TO YOU	OCCUPATION	TELEPHONE

AGREEMENT

I agree that if I am offered employment by Christian Home Services and accept, my employment will be employment at will and not for any specific duration, that my employment and compensation can be terminated, with or without cause, with or without notice, at any time, at the option of either Christian Home Services or myself.

I am hereby informed and I understand that nothing contained in this application, any Christian Home Services manual, handbook, or other written materials shall constitute an implied or expressed contract of employment. All such materials are presented for informational purposes only and can be changed at any time by Christian Home Services with or without notice. Furthermore, no employee or agent of Christian Home Services other than the Chief Executive Officer, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that any such agreements must be in writing and must be signed by the Chief Executive Officer of Christian Home Services.

The information I have given on this application is complete, true and correct and I understand that falsification, misrepresentation, or omission on this or any other personnel record can result in rejection of my application and my termination if I am employed by the company.

I authorize my former employers and other individuals, schools, companies, corporations, courts and law enforcement agencies to give Christian Home Services information concerning me, whether or not it is part of their written record, and I consent to the release to Christian Home Services of personal information including but not limited to information concerning my work history, education, motor vehicle and criminal record, and I release all parties including the custodians of such records, from any liability whatsoever on account of providing such information to Christian Home Services.

I agree that all parties to whom a photocopy of this signed agreement, authorization and release, is presented shall be entitled to rely on such photocopy and consider it as valid and enforceable as the original.

Signature

Date