



FRIENDSHIP ARK HOMES & COMMUNITY SERVICES APPLICATION

An Equal Opportunity Employer- All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Last Name	First	Middle	Date
-----------	-------	--------	------

Street Address	Home Phone
----------------	------------

City, State, Zip	Cell Phone
------------------	------------

Position(s) applied for:	Rate of pay expected:	Email
--------------------------	-----------------------	-------

Are you available to work: <input type="checkbox"/> full-time <input type="checkbox"/> part-time Can you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what are you available? Can you work overtime, including weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	When can you begin work?
---	--------------------------

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of employment eligibility will be required upon employment.</i>
--

Are you at least 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a record of founded child or dependent adult abuse in this state or any other state: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: Have you ever been convicted of a crime in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>You may be required to pass a post-offer, pre-employment health examination.</i>
--

Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide company names and details:
--

For how long would you like to work with Friendship Ark?
 State briefly why you wish to join the Friendship Ark Community:

REFERRAL SOURCE

How did you learn about Friendship Ark Homes and Community Services?

Are you related to any of our employees? Yes No
 Are you related to any person for whom we provide services? Yes No

EDUCATIONAL BACKGROUND

School	Name and Address of School	No. of yrs. Attended	Did you graduate?	Degree Obtained
G.E.D.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	

RELATED EXPERIENCE & TRAINING

List volunteer, professional, business, or civic activities and offices held; describe any job-related training you may have received. *You may exclude memberships which would reveal gender, race, religion, national origin, age, disability, or other protected status.*

EMPLOYMENT EXPERIENCE

List present and past employment beginning with the most recent.

Employer	Job Title
Address	Supervisor
	Telephone Number(s)
Work Performed	Email:
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Dates Employed From To
	Reason for Leaving
Employer	Job Title
Address	Supervisor
	Telephone Number(s)
Work Performed	Email:
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Dates Employed From To
	Reason for Leaving
Employer	Job Title
Address	Supervisor
	Telephone Number(s)
Work Performed	Email:
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Dates Employed From To
	Reason for Leaving

PERSONAL REFERENCES

List three references who are not related to you and are not previous employers.

Name	Address	Phone	Email	Years Acquainted

Driver Questionnaire

Name: _____

Present Address: _____

What states have you held a valid driver's license in? _____

1. Do you possess a current vehicle operator's license? YES NO

	Vehicle Operator License	Other License (CDL, Chauffeur, etc)
State	_____	_____
Expiration	_____	_____
License #	_____	_____
Full Name	_____	_____

(As it appears on license)

2. Have you ever had an operator's license revoked or suspended? YES NO

If yes, please explain. _____

3. List all moving violations and crashes you have had within the last 3 years. (If none, please write "NONE." If you need additional space, write on the reverse side of this form.)

(1) _____

(2) _____

(3) _____

(4) _____

4. Have you ever received a citation for driving while under the influence of alcohol, drugs, or other controlled substances? YES NO

If yes, explain _____

5. Have you ever been required to attend an alcohol offender's school, traffic offender's school, or other remedial traffic school required by the courts? YES NO

If yes, explain _____

6. Have you ever completed a driver's education course? YES NO

If yes, when? (Date) _____

I understand that all of the information provided on this form will be kept confidential, and certify that, to the best of my knowledge, the above information is correct, and that any falsification may result in disciplinary action up to and including termination.

Signature of Applicant

Date

EMPLOYEE REFERENCE REQUEST

Friendship Ark Homes and Community Services is a Christian nonprofit ministry that provides residential and other community support for persons with intellectual disabilities and their families.

Work Reference

Personal Reference

Section 1 - To be completed by applicant.

Applicant's Name _____ Maiden Name (if applicable) _____

Social Security # _____ Position applied for _____

I hereby authorize the release of the information requested.

Signature _____ Date: _____

Applicant - Do not write below this line. Friendship Ark Homes will process the remainder of this form.

Section 2 - To be completed by work reference.

WORK REFERENCE

Name of Business _____ Position Held _____ Full-time Part-time

Employment Dates From _____ To _____ Reason for leaving _____

Would you rehire? _____ Explanation _____

How would you rate the following?	Excellent	Good	Satisfactory	Fair	Unsatisfactory
Attendance					
Cooperation					
Initiative					
Job Knowledge					
Quality of Work					

Signature _____ Title _____ Date _____

Section 3 - To be completed by personal reference.

PERSONAL REFERENCE

How well do you know the applicant? Slightly Well Very Well Relationship to applicant _____

Years known _____ Have you had any knowledge of applicant in last 12 months? Yes No

Please rate the applicant on the following:	Above Average	Average	Below Average	No Knowledge		Above Average	Average	Below Average	No Knowledge
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JUDGMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments _____

Printed Name: _____ Signature _____ Date: _____

APPLICANT'S STATEMENT- Please read carefully before signing

Friendship Ark Home & Community Services is an equal opportunity employer. Friendship Ark Homes & Community Services does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Friendship Ark Homes & Community Services to hire me. If I am hired, I understand that either Friendship Ark Home & Community Services or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Friendship Ark Homes & Community Services has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Friendship Ark Homes & Community Services true and complete information on this application. No requested information has been concealed. I authorize Friendship Ark Homes & Community Services to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature of Applicant

Date

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.