

REASON FOR BEING

PURPOSE

While encouraging everyday Christian values, we strive to enhance the quality of everyday life for people with both mental and/or physical disabilities by providing opportunities for education, elevation, employment and integration that challenges each individual to the highest level of independence possible.

PROGRAM GOALS

New Hope Residential Services, Incorporated (NHRSI), is committed not only to the needs of the disabled individual, but also to the respective families and caregivers. We have found that by focusing on these three components, all involved reap greater benefits. With this philosophy in mind, an additional goal for NHRSI, will be to have staff onboard that are happy and enjoy their jobs and are excellent at the services they provide.

In applying for a position at NHRSI, I have read and understand its purpose and goals as stated above. I further agree to promote these principles in the practical application of my particular duties by maintaining an atmosphere of dignity, care and respect toward all those I work around. I also agree to adhere to the policy that the workplace will be free from alcohol, drugs, tobacco and sexual misconduct or harassment.

Applicant Signature

Date

Phone (304)872-9531

PO Box 366

901 Broad St Suite 101

Fax (304)872-0757

Summersville, WV 26651

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APPLICANT INFORMATION		
Last Name	First	M.I
Street Address		Apartment/Unit no.
City	State	Zip
Phone ()	Email Address	
Date Available	Social Security NO.	Desired Salary (optional)
Position Applying for	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no , are you authorized to work in the U.S? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you over the age of 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a valid driver's license YES <input type="checkbox"/> NO <input type="checkbox"/>	
Previously employed by NHRSI? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	

EDUCATION	
High School	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address	Degree
College	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address	Degree
College	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address	Degree
Other	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address	Degree

MILITARY SERVICE		
Are you a veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>	Branch	Type of Discharge

EMPLOYMENT HISTORY (Please list most recent experience first and use MM/YY format for all employment dates).

Company		Phone ()	
Address		Supervisor	
Job Title		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Responsibilities			
From (MM/YY)	To (MM/YY)	Reason for leaving	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Responsibilities			
From (MM/YY)	To (MM/YY)	Reason for leaving	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Responsibilities			
From (MM/YY)	To (MM/YY)	Reason for leaving	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Responsibilities			
From (MM/YY)	To (MM/YY)	Reason for leaving	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Responsibilities			
From (MM/YY)	To (MM/YY)	Reason for leaving	
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

References (Please provide three references; 1 professional, 1 personal and the last one can be either)

Full Name	Relationship
Company (if not personal)	Phone ()
Address	
Full Name	Relationship
Company (if not personal)	Phone ()
Address	
Full Name	Relationship
Company (if not personal)	Phone ()
Address	

NHRSI is a 24/7 Company Please indicate the days and hours you are available to work		
Day	From	TO
Sunday	AM	PM
	PM	AM
Monday	AM	PM
	PM	AM
Tuesday	AM	PM
	PM	AM
Wednesday	AM	PM
	PM	AM
Thursday	AM	PM
	PM	AM
Friday	AM	PM
	PM	AM
Saturday	AM	PM
	PM	AM

I understand that conditions may require me to work shifts other than the one for which I am applying for and agree to such scheduling changes as directed by my Supervisor or administrator of this company.
INTLS. [REDACTED]

Are you available/ willing to work;

Weekends? _____

Holidays? _____

Rotating Shifts? _____

Do you limit your annual earnings due to Social Security or other reasons?

If yes, please state what is the maximum amount you wish to earn?

Please use this space to give us any information which will assist us in placing you, including but not limited to any professional licenses or certificates that you may have.

DISCLAIMER AND SIGNATURE

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era, veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No questions on this application are intended to secure information to be used for such discrimination.

INTLS.

The filing of this application and the acceptance thereof does not indicate that there are positions open, and in no way obligates New Hope Residential Services. I also understand that there may be changes in shifts that have to be worked to do changes within the company.

INTLS.

In making this application for employment you give consent to a **background check** and **drug screen** upon hire and randomly throughout your employment. This includes authorizing NHRSI to investigate all references and to secure additional information about you as related to this employment application, including but not limited to contacting law enforcement and consumer reporting agencies. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

INTLS.

I understand that applications must be fully, accurately, and honestly completed. Any misrepresentation or omission of facts called for in the application will be sufficient grounds for termination of employment at any time thereafter. I certify that my submissions are true and complete to the best of my knowledge. If this application leads to employment, I also understand that false or misleading information submitted by me or presented by me in any submitted documentation or during an interview process may also be sufficient ground for termination of employment at any time thereafter.

INTLS.

I understand that any offer of employment I may have received from NHRSI is contingent upon the results of a background check and/or physical ability to complete tasks.

Signature _____

Date _____