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Email: info@doorsofhopeinc.org Website: www.doorsofhopeinc.org

EMPLOYMENT APPLICATION

Position Apply For: _____

Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Phone (Cell): _____ Alternate #: _____ Email: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____

Do you reside in the District of Columbia? YES _____ NO _____ How long? _____ If you answered NO, how long have you lived in your current state and county? _____

Have you been previously employed by Doors of Hope, Inc.? YES _____ NO _____

Give dates and position: _____

Do you have a friend or relative that is employed by us? YES _____ NO _____

If YES, Please give name and relationship: _____

Do you have a valid Driver's License? YES _____ NO _____

If YES, please list License Expiration Date: _____

Has your driver's license ever been revoked, suspended or put on probation? YES _ NO _

If YES, please explain why: _____

Number of moving violations in the past three years: _____

Number of traffic accidents over the past 3 years for which you were responsible? _____

Have you ever been convicted of any criminal offense? YES _____ NO _____

If YES, please explain place and charge: _____

Has a civil or criminal complaint ever been filed against you, alleging physical or sexual abuse by you?
YES____ NO____

If YES, please explain why: _____

How were you referred to us? _____

What inspire you to apply for a position at Doors of Hope Inc.? _____

EDUCATIONAL HISTORY

List school name and location, years completed course of study and any degrees earned.

	Institution Name	Year Completed	Field of Study	Graduate or <u>degree</u>
High School				
College/University				
Technical Training				
Other:				

TRAINING, SPECIAL SKILLS, AND QUALIFICATIONS

Do you have special certification in related fields? _____

Please list all technical special skills or education honors, certificates, or licenses not previously listed:

Indicate any other language you speak fluently: _____

Are you proficient in sign language? _____

What you consider to be your main qualifications for being successful in the job for which you are applying.

Briefly describe any additional skills, knowledge or experience you have which may be of value to a career at Doors of Hope Inc. _____

EMPLOYMENT AND CONTRACT HISTORY

Please list all employment information and contract relationships, including work at host homes, you have had for the past 7 years, and explain any gaps in dates.

I. Current Employer/Contract Agency: _____

Address: _____
Street City State Zip code

Phone: _____

Are you an employee or contractor? _____ Salary: _____ Month/year
employment/contract began: _____

Month & year employment/contract ended: _____

Briefly describe your position and duties:

Supervisor/Contact: _____

Reason for leaving/ending contract: _____

May we contact your current employer/contract agency? YES _____ NO _____

II. Previous Employer/Contract Agency: _____

Address: _____
Street City State Zip code

Phone: _____

Are you an employee or contractor? _____ Salary: _____ Month/year
employment/contract began: _____

Month & year employment/contract ended: _____

Briefly describe your position and duties:

Supervisor/Contact: _____

Reason for leaving/ending contract: _____

May we contact your current employer/contract agency? _____ YES _____ NO _____

III. Previous Employer/Contract Agency: _____

Address: _____
Street City State Zip code

Phone: _____

Are you an employee or contractor? _____ Salary: _____ Month/year

employment/contract began: _____

Month & year employment/contract ended: _____

Briefly describe your position and duties:

Supervisor/Contact: _____

Reason for leaving/ending contract: _____

May we contact your current employer/contract agency? YES _____ NO _____

IV. Previous Employer/Contract Agency: _____

Address: _____
Street City State Zip code

Phone: _____

Are you an employee or contractor? _____ Salary: _____ Month/year

employment/contract began: _____

Month & year employment/contract ended: _____

Briefly describe your position and duties: _____

Supervisor/Contact: _____

Reason for leaving/ending contract: _____

May we contact your current employer/contract agency? _____ YES _____ NO _____

V. Previous Employer/Contract Agency: _____

Address: _____
Street City State Zip code

Phone: _____

Are you an employee or contractor? _____ Salary: _____ Month/year

employment/contract began: _____

Month & year employment/contract ended: _____

Briefly describe your position and duties: _____

Supervisor/Contact: _____

Reason for leaving/ending contract: _____

May we contact your current employer/contract agency? _____ YES _____ NO _____

EMERGENCY CONTACTS

Name: _____

Relationship: _____

Address: _____

Street City State Zip code

Cell Phone	Work Phone	Home Phone
123-456-7890	987-654-3210	555-123-4567

Name: _____

Relationship: _____

Address: _____
 Street City State Zip code

Cell Phone	Work Phone	Home Phone
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REFERENCES

Please provide the following information for two business and two personal references of persons not related to you:

Name Street Address City, State, Zip	Years known	Relationship	Home Phone Work Phone
Business Reference 1.			H
			W
Business Reference 2.			H
			W
Personal Reference 3.			H
			W
Personal Reference 4.			H
			W

INFORMATION TO THE APPLICANT

I certify that the above is correct and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts calls for hereon; receipt of unsatisfactory references or failure to pass the prescribed physical examination will be sufficient for cancellation of consideration of employment or dismissal from Doors of Hope Inc.

Once employed, I agree that any ideas, inventions, improvements or contracts made or conceived by me during any employment resulting from application relating to Doors of Hope Inc. activities or work I perform for Doors of Hope Inc., shall be the sole property Doors of Hope Inc.

Furthermore, I hereby authorize Doors of Hope, Inc. to contact, obtain, and verify the accuracy of information contained in this request from all previous employers, educational institutions, and references. I also hereby release from liability Doors of Hope, Inc. and its representatives for seeking, gathering, and using such information to make decisions concerning my status as an employee of Doors of Hope, Inc. and all other persons or organizations for providing such information. I understand that any misrepresentation or omission of material fact on this application form, or in the course of the application process, may prevent me from being employed with or, if employed, may be cause for the immediate termination of said contract.

Applicant Signature: _____

Date _____

DOORS OF HOPE, INC. IS A DRUG FREE WORK PLACE

The unlawful manufacture, distribution, dispensing, possession or use of controlled substances is prohibited at Doors of Hope, Inc. A random drug test will be administered to find determine whether the staff continues to remain drug free.

Any staff that is found dispensing, using drugs or refuses to take a drug test will be terminated.

EMPLOYEE NAME _____

EMPLOYEE SIGNATURE: _____

DATE: _____

STATEMENT OF CRIMINAL MATTERS

EMPLOYEE NAME _____

EMPLOYEE SOCIAL SECURITY NUMBER: _____

This is a sworn statement affirming that there are no criminal matters pending against me and I strongly deny the existence of any relevant convictions.

EMPLOYEE SIGNATURE: _____ DATE: _____

DOORS OF HOPE, Inc. is an Equal Opportunity Employer who complies with the Americans with Disabilities Act.