



Preliminary Screening

APPLICATION FOR EMPLOYMENT

Home of Hope, Inc. is a drug free environment. No association or usage will be tolerated. Home of Hope does not discriminate in its hiring decisions or in any other employment decisions on the basis of race, color, sex, religion, citizenship, national origin, veteran status, age or upon a physical or mental disability which is unrelated to the applicants/employees ability to perform the essential functions of the position.

Minimum Requirements

- 1. **At least 18 years of age** **YES / NO**
 - 2. **Do you have a High School Diploma or a GED?** **YES / NO**
 - 3. **Current valid driver’s license** **YES / NO**
 - 4. **Current automobile insurance** **YES / NO**
 - 5. **Dependable transportation** **YES / NO**
 - 6. **Ability to lift a minimum of 50 #'s** **YES / NO**
 - 7. **Ability to drive day or night** **YES / NO**
 - 8. **Working telephone** **YES / NO**
 - 9. **Prior Felony conviction** **YES / NO**
If answered as (YES)”, applicant must attach and /or provide clarification.
 - 10. **Any prior DUI convictions** **YES / NO**
If answered as (YES)”, applicant must attach and /or provide clarification.
 - 11. **Criminal Charges or Arrest Pending** **YES / NO**
If answered as (YES)”, applicant must attach and /or provide clarification.
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- 12. **What is your experience working around people with disabilities?**
 - 13. **How do you demonstrate dependability?**
 - 14. **What does your attendance record reflect?**



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EMPLOYMENT DESIRED

Position(s) applied for: _____

Date of Application: _____

Application stays on file for 6 months, if not hired in 6 months re-apply....

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Former Name(s): _____

Mailing Address: _____
(City) (State) (Zip)

Phone Number: (Day) _____ (Evening) _____ Cell Number: _____

List any relative(s) employed with HOH, Inc. _____

Have you previously worked for HOH, Inc.? (Circle One) YES OR NO If Yes, When? _____

Are you currently employed with any other Health Care Facility? If yes where. _____

Are you available to work: Full-Time __ Part-Time __?

What Days: Sun __ Mon __ Tues __ Wed __ Thurs __ Fri __ Sat __

Were you referred to HOH, Inc. for employment by a HOH, Inc. employee? YES / NO If Yes, What is the Employee's name?

EDUCATIONAL BACKGROUND (List all educational schools attended with degrees, diplomas or certificates received).

High School or GED _____
College _____

School Attended _____
School(s) Attended _____

Graduated _____
Graduated _____

CERTIFICATION

If you hold a current certification as a nurse aide (I), check the appropriate certification(s) below:

- _____ Long Term Care (LTC)
- _____ Adult Day Care (ADC)
- _____ Developmental Disability Aide (DDA)
- _____ Medication Administration Technician (MAT)
- _____ Home Health Aide (HHA)
- _____ Residential Care Aide (RCA)
- _____ Certified Medication Aide (CMA)

If you are a CMA, have you obtained your hours of continuing education for this calendar year? __ Yes __ No



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Employment Application Supplement

Applicant name (print)	Date
Provider agency	

As I apply for a job as a community services worker, I understand:

- prior to employing me, the community services provider is required by Oklahoma law to conduct a search of:
 - criminal history records with Oklahoma State Bureau of Investigation (OSBI); and
 - Oklahoma Department of Human Services (OKDHS) Community Services Registry (Registry);
- the community services provider is prohibited by Oklahoma law from hiring, contracting with, or using as a volunteer, any person;
 - who has been convicted, pled guilty, or pled nolo contendere to misdemeanor assault and battery or a felony, except under circumstances described in OAC 340:100-3-39; and
 - whose name appears on the Registry;
- my employment may be terminated if my name appears on the Registry, even though my name may not have been on the Registry at the time of my application or hiring;
- I must report to the community services provider all of my current and previous employers who provide services to adults who are vulnerable; and
- giving false information regarding my current and previous employers may result in termination of my employment.

Applicant signature Date

Routing: Original – community services worker personnel record
 Copy – community services worker

Begin with the most recent or current employer:

Employers Name: _____ Address/City/St/Zip: _____
Phone (_____) _____ Position Held: _____ Supervisor: _____
Dates Employed: From (month/year) _____ to (month/year) _____ Wages: _____
Reason for Leaving: _____

Employers Name: _____ Address/City/St/Zip: _____
Phone: (_____) _____ Position Held: _____ Supervisor: _____
Dates Employed: From (month/year) _____ to (month/year) _____ Wages: _____
Reason for Leaving: _____

Employers Name: _____ Address/City/St/Zip: _____
Phone: (_____) _____ Position Held: _____ Supervisor: _____
Dates Employed: From (month/year) _____ to (month/year) _____ Wages: _____
Reason for Leaving: _____

Employers Name: _____ Address/City/St/Zip: _____
Phone: (_____) _____ Position Held: _____ Supervisor: _____
Dates Employed: From (month/year) _____ to (month/year) _____ Wages: _____
Reason for Leaving: _____

Employer	Address/City.State.Zip	Phone:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

May we contact your present employer? _____Yes _____No _____Not applicable

Have you ever been terminated or asked to resign from any position? _____Yes _____No If YES, Why?

If you answer **YES** to any of the questions below explain in the space after the question. The explanation for a **YES** answer should include but not be limited to:

1. **State and/or jurisdiction**
2. **Nature of complaint**
3. **Disposition of complaint, e.g. "Dismissed insufficient evidence"**
4. **Date of disposition**
5. **Copies of any correspondence received by applicant with regard to the complaint**

1. YES NO Have you ever been accused, charged with, entered a plea of guilty, no contest, convicted of or been sentenced for any criminal offense in any state of US jurisdiction? **If yes, provide documentation of dismissed sentence**

2. YES NO Have you ever been found to have violated any state, US jurisdiction or federal law regulating the practice of a health care profession?

3. YES NO Are any disciplinary actions pending against your certificate or health care professional license in any state or US jurisdiction?

4. YES NO Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state or US jurisdiction, federal or foreign authority or have you ever surrendered such credential to avoid or in connection with action by such authority?

I certify that the information provided on this application is true and complete and I understand that false information or omission of facts may disqualify me from employment and may cause termination if discovered at a later date. I also understand that submission of this application authorizes HOH, Inc. to do pre-employment back ground checks.

Signature of Applicant

Date of Signature