

Hartwood Foundation, Inc.
 3702 PENDER DR. SUITE 410 FAIRFAX, VA 22030
 Tel. 703-273-0939 ♦ Fax 703-273-6807 ♦ Email HFI01@aol.com

I. APPLICANT INFORMATION:

Name (Last, First, Middle)		Date:
Address		Home Phone:
City, State, Zip Code		Cell Phone:
Position Applied For: <input type="checkbox"/> Direct Support Professional <input type="checkbox"/> Evening Shift Supervisor/Program Manager <input type="checkbox"/> Team Leader <input type="checkbox"/> Other: _____	Availability: Check all that apply <input type="checkbox"/> Full Time <input type="checkbox"/> Day <input type="checkbox"/> Part Time <input type="checkbox"/> Evening <input type="checkbox"/> PRN <input type="checkbox"/> Overnight <input type="checkbox"/> Weekends	Are You at Least 18 Years Old <input type="checkbox"/> Yes <input type="checkbox"/> No Please Check One <input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License Number:	State:	Social Security Number:

II. EDUCATION & TRAINING BACKGROUND:

Type of School	Name, City & State of School	Highest Grade Completed: Check	Did You Graduate?	Date of Graduation	List Degree or Diploma
High School or GED		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/Trade		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University		<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER TRAINING: Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Certified Nursing Assistant
<input type="checkbox"/> Home Health Aide
<input type="checkbox"/> Adult CPR
<input type="checkbox"/> First Aid
<input type="checkbox"/> Current TB Test | <input type="checkbox"/> Human Rights
<input type="checkbox"/> Incident Report Writing
<input type="checkbox"/> Mandt or TOVA
<input type="checkbox"/> Virginia Medication Management
<input type="checkbox"/> Other (s) _____ |
|---|--|

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III. EMPLOYMENT HISTORY Print Clearly - Do Not Write "See Resume" - Attach additional sheets as needed.

List Most Recent Job First

Employer: _____ Telephone Number: _____
Address: _____
(Street) (City) (State)
Starting Position: _____ Last Position: _____
Starting Salary: _____ Last Salary: _____
Dates Employed: From _____ To: _____
Name & Title of Supervisor: _____
Describe General Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone Number: _____
Address: _____
(Street) (City) (State)
Starting Position: _____ Last Position: _____
Starting Salary: _____ Last Salary: _____
Dates Employed: From _____ To: _____
Name & Title of Supervisor: _____
Describe General Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone Number: _____
Address: _____
(Street) (City) (State)
Starting Position: _____ Last Position: _____
Starting Salary: _____ Last Salary: _____
Dates Employed: From _____ To: _____
Name & Title of Supervisor: _____
Describe General Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone Number: _____
Address: _____
(Street) (City) (State)
Starting Position: _____ Last Position: _____
Starting Salary: _____ Last Salary: _____
Dates Employed: From _____ To: _____
Name & Title of Supervisor: _____
Describe General Duties: _____
Reason for Leaving: _____

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IV. RECRUITMENT/REFERRAL SOURCE

- ☐ Walk In ☐ Hartwood Employee (Name) _____
- ☐ Newspaper (s): Please specify _____
- ☐ Other _____

V. REFERENCES List 2 references who are familiar with your work & 1 personal reference

Name	Organization	Relationship	Phone #	Years Known
1. _____				
2. _____				
3. _____				

VI. BACKGROUND INFORMATION

1. Have you ever applied to Hartwood Foundation before? ☐ Yes ☐ No
2. Have you ever been employed with Hartwood Foundation before? ☐ Yes ☐ No
3. Do you have any friends or relatives employed by Hartwood Foundation? ☐ Yes ☐ No
If yes, list name(s) _____
4. Are you lawfully entitled to work in the United States? ☐ Yes ☐ No
5. Can you fully perform the functions of the position for which you are applying? ☐ Yes ☐ No
If no, please indicate the nature of restrictions: _____
(A written statement from a licensed physician documenting listed restrictions may be required)
6. Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No
If yes, list date, city, charge, and disposition: (A conviction will not necessarily disqualify employment)

VII. DRIVING INFORMATION: Attach additional sheets as needed.

1. How long have you had a U.S. driver's license? _____
2. Do you have a valid driver's license from the state you currently live in? ☐ Yes ☐ No
3. During the past 5 years:
- a. Have you received a traffic ticket for speeding 20 miles over the speed limit? ☐ Yes ☐ No
- b. Have you been involved in a vehicle accident? ☐ Yes ☐ No
- c. In the past 5 years have you received any tickets for traffic violations? ☐ Yes ☐ No
If yes, convicted of _____
Date: _____ Jurisdiction: _____
4. Has your driver's license ever been suspended? ☐ Yes ☐ No
If yes, dates of suspension (s) _____
Reason (s) _____ Jurisdiction (s) _____

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VIII. AFFIRMATION & AUTHORIZATION

I hereby affirm that the information provided on the application and accompanying resume, if any, is true and complete to the best of my knowledge. I also agree that any falsification or omission of required information may disqualify me from further consideration for employment and may be considered justification for dismissal from employment if discovered at a later date.

I authorize a thorough investigation of my past educational and employment activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and concerns requesting or supplying information. I understand and agree that Hartwood Foundation, Inc., may contact any or all past employers pursuant to this investigation.

It is the policy of Hartwood Foundation, Inc., not to discriminate in hiring and employment, in accordance with the requirements of all applicable State and Federal laws, on the basis of race, creed, religion, national origin, sex, citizenship status, age, or the presence of a qualified mental, physical or visual handicap.

I hereby agree to submit to any lawful drug, integrity and skill testing that may be required as a condition of my employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in dismissal.

I understand that this application is valid for 90 days only. I also understand that if I am employed, I agree to accept the employment conditions of the company, now existing, or established in the future, including transfer from one location to another when directed by the company. In consideration of employment I agree to conform to the policies and procedures of Hartwood Foundation, Inc., and understand that the company may change these from time to time without notice; and that employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I understand that this application is not and is not intended to be a contract for employment now or in the future. I understand that no company manual or document is intended to change this, and no manager or representative of Hartwood Foundation, Inc., other than the Executive Director has any authority to enter into any agreement for employment.

Print Name

Date

Signature

Hartwood Foundation, Inc.

IX. PRE-EMPLOYMENT INQUIRY AUTHORIZATION

I, _____, hereby authorize and agree that
(Print Name)

INTERPROBE, INC., will conduct the appropriate inquiries to determine my eligibility for employment on behalf of the Hartwood Foundation, Inc. I fully understand that these inquiries may include, but are not limited to, criminal record checks, driving records, credit reports and interviews.

I agree to indemnify and hold INTERPROBE, INC., and its agents harmless against any and all liability, cost and expenses, including attorney's fees, occasioned by claims or suits for loss or damages arising out of the reasonable and lawful acts of INTERPROBE, INC., and its agents in connection with this service.

This Authorization is valid for a period of 30 days from the date given below.

Name: _____ Date: _____
(Last) **Please Print** (Middle) (First)

Address: _____
(Street) (City) (State) (Zip Code)

Signature: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____ State: _____

Former Driver's License Number: _____ State: _____
(If Current License is Less Than 1 Year Old)

Address of Former Residences: (if lived at present residence less than seven years):

1. _____
2. _____
3. _____