



3702 Pender Drive, #410 Fairfax, VA 22030
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 Email: applications@hartwoodfoundation.com

I. APPLICANT INFORMATION: (PLEASE PRINT CLEARLY)

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:	Email:

II. EDUCATION & TRAINING BACKGROUND:

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

OTHER TRAINING: (Check all that apply)

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

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: _____

IV. RECRUITMENT/REFERRAL SOURCE

Walk In Newspaper: (Please specify) _____ other _____

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

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

VI. BACKGROUND & DRIVING 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. Do you have the legal right and necessary papers to live and work in the USA. 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)

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. Have you received any other traffic tickets other than parking? Yes No
(Ex: Speeding, HOV, Faulty Equipment, Failed Inspection, Insurance Lapse, Red Light, Failure to Stop, DUI, No Seatbelt, Illegal Turn, Failure to Use Signal Light, other).

If yes, for what? _____

Date: _____ City & State _____

4. Has your driver's license ever been suspended? Yes No
If yes, dates of suspension (s) _____ Reason(s) _____

VII. NAME CHANGES

In order to permit a check of your educational and employment records please list any changes in name or assumed name you have previously used: (Include birth, maiden and/or married name if different from current name).

Name: _____ Dates Used: _____

Name: _____ Dates Used: _____

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