|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Application: | | | | |
| PERSONAL DATA | | | | |
| Last Name: | | First Name: | | SSN: |
| Home Address: | | | | |
| City State Zip Code | | | | |
| Home Phone: ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ Cell Phone: ( ) | | | | |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | |
| Emergency Contact Information | | | | |
| Name of Emergency Contact: | Relation: | | Emergency Telephone Number: | |
| Name of Emergency Contact: | Relation: | | Emergency Telephone Number: | |

|  |  |  |
| --- | --- | --- |
| **Select position for which you are applying:** | | Date available to start |
|  | President/CEO |  |
|  | QA & Human Rights Investigations Manager |  |
|  | Program Director/ QIDP, QDDP |  |
|  | Program Manager/Supervisor |  |
|  | DSPII |  |
|  | DSP1 |  |
|  | Waiver Program Management |  |
|  | Intern and Volunteer |  |
|  | Other (Specify): |  |
| **OFFICIAL USE ONLY** | | |
| **Enter Date of Interview:** | |  |
| **Two Week (Paid) Training Start Date:** | |  |
| **Orientation Training Completion Date:**  \*COMPLETION OF ORIENTATION MUST BE COMPLETED WITHIN 15 BUSINESS  DAYS PRIOR TO OFFICIAL START DUTY. | |  |
| **Official Date of Onboarding Post Orientation Training:** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **How did you hear about the GOB Adult Day Program? (Check one)** | | | |
|  | Friend |  | Relative |
|  | Employment Agency |  | GOB Website |
|  | Walk-In |  | Internet |
|  | GOB Employee |  | Other |
| If Referred, Who Referred you?    Name: Phone Number: | | | |

|  |  |  |
| --- | --- | --- |
| **Determining your Suitability to Work at GOB (Check Yes or No)** | Yes | No |
| Are you 18 years or older? |  |  |
| can you provide authorization to work? |  |  |
| Have you ever been employed here before? |  |  |
| Have you ever filed an application at **gob?** if yes,  give the date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Are you currently employed? |  |  |
| If yes, may we contact your employer? |  |  |
| Have you ever been convicted of a felony? |  |  |
| If hired, are you legally eligible for employment in the  United States?  \*Proof of legal work status will be required upon employment. |  |  |
| Can you travel locally if a job requires it? |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of employment desired?** | | | | | | | |
|  | FULL TIME |  | PART-TIME |  | PER DIEM |  | TEMPORARY |
|  | DAYS |  | EVENINGS |  | NIGHTS |  | WEEKENDS |
|  | CONTRACTOR |  | INTERMITTENT |  | ON-CALL (LIST PREFERENCES ON BACK) | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Check the Days you are available to work** | | | | | | | | | | | | | |
|  | Monday |  | Tuesday |  | Wednesday |  | Thursday |  | Friday |  | Saturday |  | Sunday |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please list the number of years you have experience in each clinically competent in**  **work area** (minimum 1-year experience) | | | | |
| Length of time | Facility or setting |  | Length of time | Facility of setting |
|  | Group Day |  | Private Duty |
|  | Hospice |  | Assisted Living |
|  | In-Home |  | Residential treatment |
|  | Companion |  | Hospital |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Language** | Proficiency | | Language | Proficient | |
| Yes | No | Yes | No |
| English |  |  | Portuguese |  |  |
| Spanish |  |  | German |  |  |
| French |  |  | Other |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Education \***If Checked Applicant Must be able to provide High School Diploma or Equivalent | | | | | | | | | | | | | | | | | | |
| HIGH SCHOOL: | | | | | | | | | | | | | | | | | | |
| LOCATION: | | | | | | | | | | | | | | | | | | |
| NUMBER OF CREDITS AND/OR YEARS COMPLETED: | | | | | | | | | | | | | | | | | | |
| Major or Degree:  High School Diploma | | | | | | | | | Did You Graduate? | |  | | Yes | |  | | No | |
|  | | | | | | | | | | | | | | | | | | |
| COLLEGE: NOVA | | | | | | | | | | | | | | | | | | |
| LOCATION: Manassas, Virginia | | | | | | | | | | | | | | | | | | |
| NUMBER OF CREDITS AND/OR YEARS COMPLETED: | | | | | | | | | | | | | | | | | | |
| MAJOR OR DEGREE:  General Sciences | | | | | | | | | Did you graduate? | |  | | Yes | |  | | No | |
|  | | | | | | | | | | | | | | | | | | |
| Graduate School: Not Applicable | | | | | | | | | | | | | | | | | | |
| Location: | | | | | | | | | | | | | | | | | | |
| Number of Credits and/or Years Completed | | | | | | | | | | | | | | | | | | |
| Major or Degree: | | | | | | | | | Did you graduate? | |  | | Yes | |  | | No | |
|  | | | | | | | | | | | | | | | | | | |
| Business or Trade School: Not Applicable | | | | | | | | | | | | | | | | | | |
| Location: | | | | | | | | | | | | | | | | | | |
| Area of study: | | | | | | | | | | | | | | | | | | |
| Number of Credits and/or Years Completed: | | | | | | | | | | | | | | | | | | |
| Certification/License | | |  | YES | |  | | No | did you complete the course? | | Yes | | |  | | No | |  |
|  | | | | | | | | | | | | | | | | | | |
| Special Honors: | | | | | | | | | | | | | | | | | | |
| **Professional Licenses** | | | | | | | | | | | | | | | | | | |
| License Type | | License/Certification # | | | | | | | State | | Expiration Date | | | | | | | |
| Not Applicable | |  | | | | | | |  | |  | | | | | | | |
| Have you ever had your professional license suspended,  revoked or under investigation? | | | | | | | | | | |  | Yes | | |  | | No | |
| If yes, please explain: | | | | | | | | | | | | | | | | | | |
| **COMPUTER SKILLS:** Only for positions which require computer skills) Check off those computer skills with which you are proficient (any version) | | | | | | | | | | | | | | | | | | |
|  | PC User | | | |  | | Macintosh User | | |  | Windows | | | | | | | |
|  | Microsoft Excel | | | |  | | Microsoft Publisher | | |  | Microsoft PowerPoint | | | | | | | |
|  | Microsoft Word | | | |  | | Other (Please specify: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **DRIVER'S LICENSE \***(Required forpositions which require driving)  Employee will drive the Gates of Beautiful Van to and from community activities. | | | | | | | | | | | | | | | | | | |
| Do you have a driver License? | | | | |  | | Yes | | |  | No | | | | | | | |
| Driver License Number | | | | | | | | | | | | | | | | | | |
| State of Issue: | | | | | | | | | Expiration Date: | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **WORK EXPERIENCE:** | | | | | | | | | | | | | | | | | | |
| Please list your work experience beginning with your **most recent** job. If you are/were self-employed, give the company name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, gender identity, sexual orientation, gender Depression, veteran status or disability. | | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Most Recent Employer | Dates Employed From:  To:  Final pay rate: | |
| Address | Supervisor | |
| Job Title | Reason for Leaving | |
| Work Performed | | |
| **PREVIOUS EMPLOYER # 2** | | |
| **Employer** | Dates Employed From:  To:  Final pay rate: | |
| Address | Supervisor | |
| Job Title | Reason for Leaving | |
| Work Performed | | |
| **PREVIOUS EMPLOYER # 3** | | |  |
| **Employer** | Dates Employed From:  To:  Final pay rate: | | Work Performed |
| Address | Supervisor | |
| Job Title | Reason for Leaving | |
| Work Performed | |  |
| **PREVIOUS EMPLOYER # 4** | | |
| **Employer** | Dates Employed From:  To:  Final pay rate: | |
| Address | Supervisor | |
| Job Title | Reason for Leaving | |

*RELEASE OF INFORMATION AUTHORIZATION*

*I have applied for employment with the Gates of Beautiful, LLC, and hereby authorize the Gates of Beautiful, LLC, its employees and/or authorized representatives to inquire about and receive information regarding my affiliation with the companies listed on the reference form.*

*By signing this authorization, I release Gates of Beautiful, LLC and/or its agents, from any liability that may result now or after because of complying with this request*.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OFFICIAL USE ONLY** | | | | | | |
| Date Application Received |  | | | Time Received | AM | PM |
| Application Received by | Print Name: | | | Signature: | | |
| Request for Interview: | Yes | No | If Yes, List Date and Time: | Date | Time: | |
| Applicant Not Qualified (List Reason): | | | | | | |
| Referred for Interview with GOB HR for Immediate Hire (List details here) | | | | | | |