



Application for Employment

PERSONAL INFORMATION				
NAME (FIRST, MIDDLE, LAST)		POSITION APPLIED FOR		APPLYING FOR:
ADDRESS		MAIDEN NAME/A.K.A.		FULL-TIME PART-TIME
CITY, STATE, ZIP				
DATE OF AVAILABILITY			DESIRED HOURLY RATE:	
HOME PHONE NUMBER ()	ALTERNATE PHONE NUMBER ()		REFERRAL SOURCE	
E-MAIL ADDRESS				
1. Are you currently authorized to work in the U.S.?				YES NO
2. Are you over the age of 18 years?				YES NO
3. Do you currently have a Food Handler Permit?				YES NO
4. Are you able to obtain and pass a DEL Back Ground Check?				YES NO
5. Do you currently have Infant & Adult CPR & First Aid Training				YES NO
If Yes, Please provide expiration		Month:	Year:	
6. Do you currently have HIV & BBP Certification?				YES NO
7. Are you able to obtain a negative TB test?				YES NO
10. Do you currently have STARS Training?				YES NO
Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?				YES NO
EMPLOYMENT HISTORY				
CURRENT EMPLOYER	ADDRESS	SUPERVISOR	DATES EMPLOYED	FROM
POSITION TITLE		PHONE NUMBER		To
May we contact employer?	YES NO			
COMPENSATION: (HOURLY/SALARY)		OTHER COMPENSATION (INCLUDING BONUSES)		
PREVIOUS EMPLOYER	ADDRESS	SUPERVISOR	DATES EMPLOYED	FROM
POSITION TITLE		PHONE NUMBER		To
May we contact employer?	YES NO			
COMPENSATION: (HOURLY/SALARY)		OTHER COMPENSATION (INCLUDING BONUSES)		
PREVIOUS EMPLOYER	ADDRESS	SUPERVISOR	DATES EMPLOYED	FROM
POSITION TITLE		PHONE NUMBER		To
May we contact employer?	YES NO			
COMPENSATION: (HOURLY/SALARY)		OTHER COMPENSATION (INCLUDING BONUSES)		

Additional work history may be attached

Please attach a copy of your current resume and applicable certifications.



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EDUCATIONAL BACKGROUND					
HIGH SCHOOL			SECONDARY		
SCHOOL	CITY & STATE		SCHOOL	CITY & STATE	DEGREE
	OVERALL GPA (4.0 SCALE)	RECEIVED DIPLOMA YES NO	CONCENTRATION OR MAJOR	OVERALL GPA (4.0 SCALE)	RECEIVED DEGREE YES NO
OTHER			OTHER		
SCHOOL	CITY & STATE	DEGREE	SCHOOL	CITY & STATE	DEGREE
CONCENTRATION OR MAJOR	OVERALL GPA (4.0 SCALE)	RECEIVED DEGREE YES NO	CONCENTRATION OR MAJOR	OVERALL GPA (4.0 SCALE)	RECEIVED DEGREE YES NO

PROFESSIONAL CERTIFICATIONS & LICENSE(S)			
LICENSE	GRANTED BY	LICENSE NUMBER	EXP DATE

DISCLAIMER AND SIGNATURE	
<p align="center">Please sign this application after carefully reading the following:</p> <p>At-Will Employer: I understand that My Friend's House, and its subsidiaries (the Company) are "at will" employers. I understand that my employment and compensation can be concluded, with or without cause, at any time at the option of either the Company or myself. I understand that no representative of the Company has the authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing.</p> <p>Subject to Applicable State and Federal Law: I authorize the Company to seek information regarding my character, general reputation, previous employment and similar background information, and to contact any and all prior employers or other references I have listed on my application or otherwise provided. I also authorize any educational institutions to provide transcripts and confirm degree status. I release all parties and all persons connected with any such request for information from all claims, liabilities and damages for any reason arising from furnishing such information. If employed, I release the Company from any liability for future references it may provide regarding work history at the Company. According to the Fair Credit Reporting Act, I am entitled to know if the Company makes an adverse employment decision based on information obtained from a consumer report or investigative report. I am entitled to receive, upon my written request (made within 60 days of the date of decision), a disclosure of the nature and scope of any investigative report.</p> <p>Certification to work in the United States: I understand that as a condition of my employment, I must provide documentation to prove identity and eligibility to work in the United States by presenting any of the several documents as defined in the INS Regulation 8 CFR #274a.2(b)(1)(v). A complete list of all possible documents for proving eligibility to work is available in the office of the Director of Human Resources.</p> <p>Accuracy of Information: I represent that I have carefully reviewed all the above questions, and have taken all the time necessary to provide full, complete, and accurate responses. I understand that the Company will rely on the information I have provided on this application. I further represent that the information I have provided contains no errors, omissions, misrepresentations, or anything that could be construed as misleading. I understand that if employed, any errors, omissions, or misleading statements that I provided on this application or other documents related to my application, will be grounds for my dismissal.</p>	
APPLICANT SIGNATURE	DATE
PRINT NAME	

Please attach a copy of your current resume and applicable certifications.