

Employment Application

Applicant Information:	Apr	Application Date:		
Legal Name		SS	#	
Legal Name First Name M.I	Last Name			
Phone Number ()	Email Addres	SS		
Address				
Address Street Address	City	State	Zip Code	
How long have you lived at this address	ss? Years Mor	nths		
Previous Address				
Previous Address Street Address	City	State	Zip Code	
Position Applying for: (Ex. DSP, Hous	se Lead, Other)			
Date Available to Start:	Desi	red Wage: \$	Hourly/Salary	
Education:				
High School:				
School Address:				
School Address:Street Address	City	State	Zip Code	
Attended From: to	Did you Grac	luate? Yes?	2No?	
College:				
School Address:				
Street Address	City	State	Zip Code	
Attended From: to	Did you Grac	luate? Yes?	2No?	
Degree Obtained:				



Professional Reference:

Legal Name	Relationship
Company	Phone Number ()
Legal Name	Relationship
Company	Phone Number ()
Legal Name	Relationship
Company	Phone Number ()
Previous Employ	ment:
Company	Phone Number ()
Address	
Job Title	Still Employed? Yes? No?
Starting Wage \$	Ending Wage \$ Supervisor
Reason For Leaving	
Company	Phone Number ()
Address	
Job Title	Still Employed? Yes? No?
Starting Wage \$	Ending Wage \$ Supervisor
Reason For Leaving	
Company	Phone Number ()
Address	
Job Title	Still Employed? Yes? No?
Starting Wage \$	Ending Wage \$ Supervisor
Reason For Leaving	
May we contact your previ	ous supervisor(s) for a reference? Yes? No?



Questionnaire:

- Yes? Are you aware of the expectations of a DSP? No? Every other weekend is mandatory. Are you able to meet this requirement? Yes? No? Do you have an active cell phone? ___ Yes? ___ No? • Do you have reliable transportation? Yes? No? Do you possess a valid driver's license? Yes? No? • Do you have valid car insurance? Yes? No? Have you ever been convicted of a Felony? Yes? No? *If yes, please explain* House of Pieces is required by law to complete a BCI/FBI Fingerprint Background Check on all potential employees. Are you willing to complete a background check? Yes? No? Do you agree to random drug testing? ____ Yes? ____ No? • Are you enlisted in the Military? Currently Enlisted? Veteran? No? Branch: From to Rank at Discharge: If other than honorable, explain: Are you a citizen of the United States? Yes? No? If no, are you authorized to work in the U.S? Yes? No? • Have you ever worked for House of Pieces? Yes? No? If yes, when? • Were you referred by anyone? Yes? No? If yes, by who? • Do you have the ability to assist others with personal hygiene upkeep? Yes? No? Personal Hygiene upkeep consists of the following but is not limited to... • Dressing • Showering • Toileting/Brief Changes Do you have the ability to cook a balanced meal? Yes? No? Are you able to complete chores that may be assigned to you during your shift? ____ Yes? ____ No? Do you have the ability to complete light maintenance duties? Yes? No? • Maintenance Duties may include but not limited to ... • Changing a light bulb • Changing batteries in the smoke/carbon monoxide detectors Do you have the ability to assist with budgeting money? Yes? No?
 - Do you like to have fun? ___ Yes? ___ No?

Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. By signing this application, I give House of Pieces permission to run the required checks. OAC 5123:2-2-02 © (2)

At Will Employment

The relationship between you and House of Pieces is referred to as "employment at will". This means your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or House of Pieces. No representative of House of Pieces has the authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will", and that you acknowledge that no oral or written statements are representations regarding employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief of Operations Officer or the Companies President.



Applicant Signature:

Applicant Name Printed:

Date: