

List any memberships, pertinent awards or honors: _____

Have you ever been denied a security clearance or had a bond cancelled?
 ____ Yes ____ No
 If yes, please explain: _____

EMPLOYMENT HISTORY (last three positions)

| Month/Year | Name, Address & Phone Number of Employer | Position Duties & Responsibilities | Reason For Leaving |
|--------------|---|--|--------------------------|
| From: To: | | | Rate of Pay: |
| From: To: | | | Rate of Pay: |
| From: To: | | | Rate of Pay: |

We will contact previous employers. Have you ever been dismissed from any position?
 ____ Yes ____ No
 If yes, please explain: _____

If you would like to list one personal reference for us to contact, please list their name and phone number: _____

Do you have a criminal record or have any pending charges against you?
 Yes ____ No ____
 If yes, please explain: _____

Have you ever been shown by credible evidence, e.g., a court order or by jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? _____ Yes _____ No
If yes, please explain: _____

Below are some of the working conditions at AFH. If you have any objections, please circle "NO" and explain the nature of the objection.

Note: An objection does not necessarily disqualify an applicant from consideration.

Would you be willing to:

| | | |
|--|-----|----|
| Work overtime when needed? | YES | NO |
| Work Holidays? | YES | NO |
| Work a schedule that changes from week to week? | YES | NO |
| Be at work on time every time? | YES | NO |
| Report to work and remain free from being under the influence of drugs or alcohol? | YES | NO |
| Attend monthly staff meetings? | YES | NO |
| Complete duties as assigned? | YES | NO |

Please explain any objections you may have to any of the conditions noted above, such as the desire for a part-time schedule: _____

How did you hear about AFH? _____

List any friends or relatives that you know at AFH? _____

Have you had CPR training within the past two years? _____ Yes _____ No
If yes, give expiration date: _____

Have you had 1st Aid training within the past three years? _____ Yes _____ No
If yes, give expiration date: _____
Department of Human Resources requires annual training, are you willing to participate? _____ Yes _____ No

Under the Americans with Disabilities Act of 1991, this program is required to reasonable accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but **only** if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at **any** time during the interview process. You are obligated to inform the program director of your needs **if** it will impact your ability to perform the job for which you are applying. We are an Equal Opportunity Employer.

Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described?

_____ Yes _____ No

If no, please explain: _____

Do you have a valid driver's license? _____ Yes _____ No

If yes, give license number and class of license: _____

I authorize and will execute releases for A Friend's House to obtain a copy of my driver's history, criminal background check & work history.

_____ Yes _____ No _____ Initials

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

Signature

Date