

# The Benjamin House, Inc.

# Application for Employment

**Revised: February, 2019** 

## **Benjamin House, Inc.** *Helping the mentally challenged with life*

## **Employment Application**

_Name					
Last Name		First Name	Middle	Name/Maio	len Name
Street Address	City	State			Zip Cod
Home Telephone:		Cell Phone:	Email:		
Position(s) Applying fo	or:				
Date you are available	to work:				
Circle those that apply Are you available to w		Part-time	Full-time		
Circle shifts you are Available to work:	1 <sup>st</sup> (Mornings)	2 <sup>nd</sup> (Afternoon/Evenings)	3 <sup>rd</sup> (Nights)		
Have you ever applied	with Benjami	in House before?		Yes	No
Have you ever been en	ployed with l	Benjamin House before?		Yes	No
Do you have transport	ation?			Yes	No
Are you willing to travel to another county?				Yes	No
Have you ever been terminated or forced to resign from a job? If Yes, Please explain:				Yes	No
Have you ever been co If Yes, Please explain:	nvicted of a fe	elony or misdemeanor?		Yes	No

A conviction does not necessarily disqualify you from employment

#### **EDUCATION**

School	Name/Address of School	Course of Study	Dates Attended	Diploma/Degree
High School				
College or Trade School				
College or Trade School				
College or Trade School				

Please list any additional education, training, certification, or licensure received:

Summarize special job-related skills and qualifications that you feel would make you a good candidate for the position for which you have applied.

### **EMPLOYMENT HISTORY**

#### Please give complete employment history, beginning with most current employer.

Employer:	Dates Employed: From: To:
Address:	Job Duties/Responsibilities:
Phone:	
Job Title:	
Supervisor:	Reason for Leaving:
Rate of Pay:	May we contact employer? Yes No

Employer:	Dates Employed: From: To:
Address:	Job Duties/Responsibilities:
Phone:	
Job Title:	
Supervisor:	Reason for Leaving:
Rate of Pay:	May we contact employer? Yes No

Employer:	Dates Employed: From: To:
Address:	Job Duties/Responsibilities:
Phone:	
Job Title:	
Supervisor:	Reason for Leaving:
Rate of Pay:	May we contact employer? Yes No

Employer:	Dates Employed: From: To:
Address:	Job Duties/Responsibilities:
Phone:	
Job Title:	
Supervisor:	Reason for Leaving:
Rate of Pay:	May we contact employer? Yes No

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Benjamin House requires a minimum of two (2) work-related references and one (1) personal reference for each applicant. If applicant can provide no more than one (1) work-related reference, please provide at least two (2) personal references below.

Name:	Address:	Phone #:	Relationship:
Name:	Address:	Phone #:	Relationship:
Name:	Address:	Phone #:	Relationship:

By signing below, I (the applicant) confirm that I have read, understand and agree to the following:

I certify that the answers given to all questions in this application are complete and true. I understand that providing false or misleading information to Benjamin House on this application, or in the interview process, may result in immediate discharge from employment.

I authorize former employer (if "Yes" circled in the Employment History Section) and other organizations and/or individuals to provide Benjamin House with relevant information needed to consider me for employment. I release all such organizations and individuals from any liability in reference to such information.

I understand that all employment with Benjamin House is considered *"At Will"*, which means that the Employee may resign at any time, and the Employer may discharge the employee at any time, with or without cause.

I understand that a prior criminal conviction will not necessarily disqualify me from employment and factors such as age at time of offence, seriousness, and nature of offense, and rehabilitation will be taken onto account.

This application will be kept on file and considered active for a period of time not to exceed one (1) year from the date of this application.

If employed by Benjamin House, I agree to comply with all rules and regulations.

Signature of Applicant

Date

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### Benjamin House, Inc. Applicant Reports Release

In connection with my application for employment with Benjamin House, Inc. or contract for services, I understand that consumer report or investigative consumer reports which may contain public record may be requested or made on me including consumer credit, criminal records, driving records, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reason for termination of past employment. Further I understand that you will be requesting information from various Federal, State, and local agencies for reports on my past activities.

I hereby authorize without reservation, and party or agency contacted by this employer to furnish the above mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and payment of any authorized fees, the information in its files at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment or contract with Benjamin House. I understand that race, sex, and date of birth are required by reporting agency rules for identification purposes in obtaining consumer reports and will be used for no other purpose.

Please PRI	NT NEATLY th	e following informa	ition:
Name:			
Last: I	1rst:	Mid	dle:
Maiden/Alias: (1)		_(2)	
Date of Birth:	Race:		Gender:
Drivers License #:		State:	
Social Security Number:	<del>_</del>		
Professional License (if any): State	:T	уре:	Number:
Past seven (7) years' residences (Lis	t additional on	separate Reports R	elease form):
Current Address:			
City:		State:	Zip:
Years at this address:			
Previous Address:			
City:		State:	Zip:
Years at this address:			
Signature		Date	

Additional Material Needed to Complete This Application:

Photocopy of college transcript (if applying for position requiring this)

Photocopy of high school diploma or GED

Photocopy of driver's license

Photocopy of current TB skin test results

Photocopy of automobile insurance coverage Declarations page

Photocopy of any current CPR/ First Aid Certification

Photocopy of your vehicle registration card

Photocopy of Social Security card

Please submit this completed application and the requested attachments.

Until all requested documents are submitted, no interview may be scheduled.

Submit application to:

Jayne Hollowell, Director of Benjamin House Community Services 848 Forest Park Road Elizabeth City, NC 27909 or Lennie L. Hughes, Jr. Director of Benjamin House Residential Benjamin House 102 Meads Pool Road Elizabeth City, NC 27909