



Faith Haven, Inc.
 4497 Roebuck Rd, Tupelo, MS
 Office: 662-844-7091
 Fax: 662-844-3146
 Faith_haven@comcast.net

**EMPLOYMENT
APPLICATION**

PERSONAL

Date of application _____

NAME

 LAST FIRST MIDDLE

ADDRESS

 STREET

 CITY STATE ZIP

HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS? _____

PREVIOUS ADDRESS _____

SOCIAL SECURITY # _____

TELEPHONE _____

ARE YOU 21 OR OLDER? _____

ARE YOU A U.S. CITIZEN?

YES

NO

IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

HAVE YOU BEEN EMPLOYED HERE PREVIOUSLY?

YES

NO

HAVE YOU FILED AN APPLICATION BEFORE?

YES

NO

DATE _____

DO YOU HAVE A VALID MISSISSIPPI DRIVER'S LICENSE?

YES

NO

LICENSE NUMBER _____

HAVE YOU HAD ANY EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES OR IN A STATE MILITARY? YES NO

ARE YOU IN THE RESERVES?

YES

NO

LIST ANY FRIENDS OR RELATIVES EMPLOYED HERE _____

EDUCATION	YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL	_____	_____
COLLEGE	_____	_____
GRADUATE	_____	_____
VOCATIONAL TRAINING	_____	_____
OTHER TRAINING	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT DESIRED

POSITION APPLYING FOR _____

WORK SOUGHT: FULL-TIME PART TIME DATE AVAILABLE _____

IF PART-TIME PLEASE SPECIFY HOURS AND DAYS AVAILABLE:

SALARY DESIRED _____

DO YOU HAVE ANY SPECIAL SKILLS, QUALIFICATIONS, OR FORMER EXPERIENCE THAT
RELATED TO THE POSITION APPLIED FOR IN CARING FOR CHILDREN?

HAVE YOU BEEN CONVICTED OF A FELONY?

YES NO IF SO, WHERE, WHEN AND THE NATURE OF THE OFFENSE

EMPLOYMENT EXPERIENCE *(list current and most recent employment first)*

Include all employment for the last 5 years. Additional pages may be attached. Failure to list prior employers may be grounds for termination.

1.

Employer		Dates
Address		Telephone
Job Title	Salary/Hourly/Rate	Supervisor
Reason for leaving		

2.

Employer		Dates
Address		Telephone
Job Title	Salary/Hourly/Rate	Supervisor
Reason for leaving		

3.

Employer		Dates
Address		Telephone
Job Title	Salary/Hourly/Rate	Supervisor
Reason for leaving		

4.

Employer		Dates
Address		Telephone
Job Title	Salary/Hourly/Rate	Supervisor
Reason for leaving		

5.

Employer		Dates
Address		Telephone
Job Title	Salary/Hourly/Rate	Supervisor

Reason for leaving

REFERENCES (do not list former employers or relatives)

NAME	ADDRESS	TELEPHONE (daytime)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

NAME AND ADDRESS OF THE PERSON TO BE NOTIFIED IN THE EVENT OF ACCIDENT OR EMERGENCY:

NAME	ADDRESS	TELEPHONE
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Faith Haven, Inc. makes no representation that employment with our facility is for any specific period of employment. Employment-at-will is the recognized rule in Mississippi and that applies to employment here.

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I signify that all of the information now or hereafter given by me in support of my application for employment is true and complete.

I authorize Faith Haven, Inc. to verify any information concerning my employment, education, or the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as Faith Haven, Inc. may require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure.

I hereby release Faith Haven, Inc. and them from any liability whatsoever as a result of such inquiries and disclosures. I understand that any false information in support of my application may subject me to discharge at any time during the period of employment. If hired I will serve at the will of Faith Haven, Inc. and I agree that I shall be bound by the rules, policies and regulations of Faith Haven, Inc. as they are from time to time changed. I understand that either party may terminate the employment relationship, with or without cause at any time.

I hereby authorize Faith Haven, Inc. to deduct from each and every pay period any amounts necessary to offset any damages caused by me, or money entrusted to me by, or owed by me to Faith Haven, Inc. during the course of employment. I understand that these arrangements may only be altered in writing directed to me personally by the Executive Director of Faith Haven, Inc.

I further understand that my employment will be considered conditional until such time as the results of my pre-employment physical (if such physical is required) are known. I understand that it is the policy of Faith Haven, Inc. to conduct yearly criminal backgrounds, Drivers Record, and Child Abuse Central Registry. I hereby give Faith Haven, Inc. permission by signing and dating below to conduct these yearly background records checks.

Signature

Date

FOR INTERVIEWER'S USE

Interviewed

by:

Interview

Date:

Position:

Salary:

Comments:

Disposition: