

Fax to ATTENTION: HUMAN RESOURCES
Fax# (281) 651-1153

Hearts with Hope Foundation

Application Packet



Employment/ Job Offers with HWHF are contingent on providing the following documents:

- Valid Texas Driver's License
- Social Security Card
- Acceptable DFPS Background Results
- Proof of Education (GED/ HS Diploma/ Degree)
- Notarized Affidavit
- Negative TB /Drug Screening Report
- Flexible Availability Form

Name: _____

Date: _____

APPLICANT'S EMAIL ADDRESS: _____

@ _____



Hearts with Hope Foundation
Application for Employment



Hearts with Hope Foundation is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Name (Last, First, Middle):						
Street Address:			City, State & Zip:			
Social Security Number:		Home Phone:		Work Phone:		Cell Phone:
Are you eligible to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you lived outside of Texas in the last 5 years?		
Are you 21 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<u>HWHF does not Hire applicants under the age of 21.</u>		
Are you currently employed? Company Name _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what is your current job title & department?		
If hired, can you provide proof of U.S. or proof of your legal right to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodations?		
Do you have relatives or friends that work for HWHF?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, their name & their relationship to you?		
Do you have a valid driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of issuance, license #, and expiration date:		
If hired, do you have reliable transportation to and from work?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have liability Insurance coverage on your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide a copy of Insurance Card.		
Have you ever been charged or convicted of a felony or misdemeanor?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:		
List hours you are available to work each day below: * Please note this is a 24 Hour Facility, if you put that you have open availability there is a possibility you can be scheduled to work a rotating shift. <b style="background-color: yellow;">If hired you will be scheduled based off the availability you list on this application/ Availability Form, which ever is most recent.						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.”

PLEASE NOTE: Hearts with Hope Foundation reserves the right to contact all current and former employers for reference information.

Do you acknowledge we will be contacting your previous employer? YES NO

Dates Employed (most recent position) From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name, Address, and Phone Number:			
Supervisor’s Name and Title:	Other Reference Name and Title:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	
Dates Employed (most recent position) From: To		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor’s Name and Title:	Other Reference Name and Title:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

Dates Employed (most recent position) From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: _____
Organization Name and Address: _____			
Supervisor's Name and Title: _____		Other Reference Name and Title: _____	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties: _____			Reason for Leaving: _____

Professional References (who can be contacted)

Name	Telephone
Name	Telephone
Name	Telephone

Applicant's Certification and Agreement

Please read each statement closely and initial each acknowledging your understanding.

Initials	
	I hereby certify that facts set forth in the above employment application are true and complete to the best of my knowledge and that I have not knowingly withheld any information that might adversely affect my chances of employment. I further certify that I have personally completed this application.
	I understand that, if employed, falsification, misrepresentation, or omission of any facts called for on this application, and or any other document used to secure employment, shall be cause for denial of this application or for Immediate discharge if I am employed, regardless of the time elapsed before recovery.
	I understand that Hearts with Hope Foundation is an equal opportunity employer and is committed to make employment decisions based on merit, qualifications, and abilities and does not discriminate in employment opportunities and practices on the basis of race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws, unless other exempt. HWHF Management will make reasonable accommodations for qualified individuals with known disabilities unless doing so would resulting an undue hardship to the company.
	I agree to any legally permitted test required by the company as a condition of employment, I understand that the company requires job applicants who are offered employment to submit to an investigation into all statements and references contained on this application. Said investigations will include driving, criminal background, educational background, references and other background checks, such as post-hire investigation.
	I understand and agree that the company is under no obligation to hire me as a result of accepting this application. I also understand that should I be extended an employment offer and accept such offer, my employment will be "at-will", which means that either or the company may terminate the employment relationship at any time, with or without cause, notice or any specific procedures.
	All information provided herein will be kept confidential. A pre-employment drug test and tuberculosis test is required prior to Employment at my initial expense.
	I also authorize pertinent companies, schools, agencies, churches or persons to give any information requested regarding my employment, character, experience and qualifications and/or suitability of employment with the company for the purpose of considering my suitability for hire or continued employment. I specifically authorize the company to conduct a criminal background check to confirm the information that I have given concerning my criminal history. If I am hired, a background check will be conducted every two years. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentially. In addition, a copy of this information is as valid as the original and should be recognized as such.

My signature below acknowledges that I have fully read, understand and agree to the above statements

Signature of Applicant _____

Date _____

HWHF Availability Form

Name: _____

Day	Detailed Hours of Availability	Additional Comments:
Sunday	<input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift	
Monday	<input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift	
Tuesday	<input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift	
Wednesday	<input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift	
Thursday	<input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift	
Friday	<input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift	
Saturday	<input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift	

HWHF requires flexible availability for at least two of the three shifts the company offers. Each shift can consist of multiple time-frames as detailed below. HWHF’s availability form is ONLY a request/preference and does not guarantee hours requested will be granted. HWHF hires and staffs per the needs of the facility. Availability is considered prior to extending job offers to each employee. Availability cannot be changed after hire unless authorized by medical personnel.

1st Shift
5A-1P, 7A-3P, 9A-6P

2nd Shift
2P-10P, 3P-11P, 4P-12A

3rd Shift
11P-8A, 12A-9A

** ALL staff must arrive 15 minutes prior to the onset of their assigned shift for debriefing/facility rounds.