



Hands of Mercy Everywhere

A Christian Home for Teenage Girls, Teen Mothers, and Their Babies

EMPLOYMENT

VOLUNTEER

INTERNSHIP

Name: _____ Date: _____

Current Address: _____ City: _____ Zip code _____

Social Security: _____ - _____ - _____ Driver's License: _____

Cell Phone: _____ E-mail: _____

Current Employment: _____ Title / Position: _____

Position Applying for: _____ Date you can start: _____

What days are you available? List the times you are available for the particular day.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you able to work weekends and / or overnights? _____

Do you have any computer skills: **Microsoft Word** **Excel** **QuickBooks**

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School				
College				
Trade, Business or Special Skills				

REFERENCES	NAME	ADDRESS / PHONE	BUSINESS	YEARS KNOWN
Give the names of three persons not related to you, whom you have known at least one year				

FORMER EMPLOYERS (List below last four employers, starting with last one first.)

DATE/MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Please check all areas of interest

Office

- Receptionist
 Board of Directors
 News Letter
 Grant Writing
 Thank you Cards
 Inventory
 Organize Donations
 Event Coordinator

Clients

- Outings / Game Nights
 Crafts
 Outreach
 Bible Study
 Cooking
- Transport
 Tutoring
 If checked list subject(s) _____
- Labor Coach
 Life Skills Education

Other _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand in accordance with Florida Statute 435.04, I am required to have a local and Level II background screening prior to my employment. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE: _____ SIGNATURE: _____

Staff Use Only

Hire Date	Schedule	Position	Wage
-----------	----------	----------	------

--	--	--	--