



## Application for Employment

**An Equal Opportunity Employer**

7/24/2009

*We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.*

Answer each question fully and accurately. No action can be taken until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences of discrimination based upon non-job-related-information.

Position Applied for \_\_\_\_\_ [ ] Adult Services [ ] Child & Family Services

Are you seeking employment that is Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary/On Call \_\_\_\_\_

Today's Date \_\_\_\_\_ When can you start working? \_\_\_\_\_

## General

Name (Last, First, MI) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the U.S.? \_\_\_\_\_

Have you ever applied here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Were you ever employed here? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

State of RI Dept. of Mental Health, Retardation & Hospital's (MHRH licensing regulations excludes the employment of any person convicted of child abuse or of a felony of sexual or physical assault). If yes, give details \_\_\_\_\_

(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying is also considered).

How did you hear about our openings: Referred-by Whom \_\_\_\_\_  
Internet Source \_\_\_\_\_ Newspaper Source \_\_\_\_\_ Other \_\_\_\_\_

Which shifts are you willing to work (**check all that apply**)

\_\_\_\_\_ First Shift \_\_\_\_\_ Second Shift \_\_\_\_\_ Third Shift \_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends

Are you willing to work every Saturday and Sunday? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify hours and days you cannot work: \_\_\_\_\_



## Work History

List names of employers in consecutive order with **present or last employer listed first**. Account for all periods of time including military service and any periods of unemployment. If self-employed, give your firm's name and supply business references. **Please Give Month and Year.**

Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Title/Duties: _____ _____ _____	Supervisor: _____ Telephone: _____ Employed From: (mo/yr) _____ To: (mo/yr) _____ Reason for Leaving: _____ _____ _____
--	---

Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Title/Duties: _____ _____ _____	Supervisor: _____ Telephone: _____ Employed From: (mo/yr) _____ To: (mo/yr) _____ Reason for Leaving: _____ _____ _____
--	---

Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Title/Duties: _____ _____ _____	Supervisor: _____ Telephone: _____ Employed From: (mo/yr) _____ To: (mo/yr) _____ Reason for Leaving: _____ _____ _____
--	---

Name of Employer: _____ Address: _____ City, State, Zip Code: _____ Title/Duties: _____ _____ _____	Supervisor: _____ Telephone: _____ Employed From: (mo/yr) _____ To: (mo/yr) _____ Reason for Leaving: _____ _____ _____
--	---

## References

Have you worked or attended school under any other names? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give names \_\_\_\_\_

Are you presently employed Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, whom do suggest we contact? \_\_\_\_\_

Have you ever been terminated from a job or asked to resign? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## Affidavit

### Applicants Statement - Please read carefully and Sign Below

I confirm that the information provided by me in this application is true and complete to the best of my knowledge. As a condition of and in consideration of review of my application by The Homestead Group, I authorize The Homestead Group to investigate my personal and employment history.

I understand that this background investigation will include, but not limited to, verification of all information on this application, as well as interviews with past employers, I give permission to any agency, attorney, or representative of The Homestead Group to receive a copy of any information obtained in the file of any federal, state or local court, government agency, law enforcement agency or investigator concerning or relating to me, and consent to supervisors to discuss my relevant personal and employment history with The Homestead Group consent to the release of such information orally or in writing, and release all former employers from all liability and agree not to sue them for defamation or other claim based upon any statements they make to any representative of The Homestead Group. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to The Homestead Group, I agree to personally request such information to the extent permitted by law.

I understand that any offer of employment is based on my ability to produce documentation that I am a United States citizen or an alien authorized to work in the United States.

I understand that any false answers or statements made by me on this application or in connection with the application process may result in rejection of my application or my discharge from employment.

I understand that, if I am hired, my employment may be subject to certain written and/or oral rules, policies and procedures. I agree to review and abide by all such rules, policies and procedures. I further understand that, if hired, my employment and compensation will be "at will", meaning that they can be terminated with or without cause, and with or without notice, at any time, at the option of either The Homestead Group or myself, except as otherwise provided by law. The application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that not supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's present.

**PLEASE BE ADVISED THAT DUE TO THE VOLUME OF APPLICATIONS, ONLY THE MOST QUALIFIED APPLICANTS WILL BE CONTACTED FOR AN INTERVIEW.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand, and accept all terms of the the foregoing Applicant Statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE HOMESTEAD GROUP Driver Authorization Sheet**

In order to work in most positions at The Homestead Group, you must have a valid driver's license and meet the minimum state insurance requirements as mandated by the State of RI. You must qualify to be added to The Homestead Group's insurance policy. Please answer the following questions to determine whether you are insurable.

	<b>Yes</b>	<b>No</b>
Do you have a valid drivers license?	___	___
Are you at least 19 years of age?	___	___
Have you been driving for at least 2 years in the USA?	___	___
Do you have a clear driving record?	___	___
Drivers License Number _____ Class of License _____		

<b>In the last seven years, in any state, have you:</b>	<b>Yes</b>	<b>No</b>
1. Have you been convicted of a felony?	___	___
2. Have you been convicted for sale, possession, or use of a dangerous substance?	___	___
3. Have you been convicted of driving under the influence of alcohol	___	___
4. Have you had your license suspended or revoked?	___	___
5. Have you been convicted of reckless driving?	___	___

<b>In the last three years, in any state, have you:</b>		
1. Have you been convicted of leaving the scene of an accident?	___	___
2. Have you accumulated 6 to 12 motor vehicle points (regardless of any state amnesty program)?	___	___
3. Have you been involved in more that two automobile accidents resulting in bodily injury or property damage more than \$300. per occurrence including property damage to your own property?	___	___
4. Been convicted or more than two moving violations?	___	___

<b>If applying for Van Driver,</b>		
1. Are you at least 21 Years Old.?	___	___
2. Have you been driving for at least 3 years in the US/	___	___

I hereby certify that the facts set forth in the above statement are true and complete to the best of my knowledge. I understand that if employed, falsified information on the above statement shall be considered sufficient cause for dismissal.

Name (Print)	Signature	Date
--------------	-----------	------

## The Homestead Group Mission Statement

*“Our mission is to help the people we support  
lead the lives they want and deserve”*

**Below please describe in two paragraphs how you plan to contribute to this mission.**

Name (Print)

Signature

Date



## Affirmative Action Statement

The Homestead Group is an Affirmative Action Employer as defined by the standards and regulations of the Office of Federal Contract Compliance Programs. We are required to maintain records regarding the status of our minority, veterans, and disabled applicants and employees. This information is strictly voluntary, confidential, and will be kept in a separate file from your application. This information will not be used as a determinant for employment, but only for Affirmative Action Plan statistics. Please identify yourself per the following classifications created by the OFCCP.

**(Please check at least two)**

- |                                 |  |   |
|---------------------------------|--|---|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Non-Minority (White-Caucasian)            | <input type="checkbox"/> Vietnam Veteran          |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Disabled Veteran         |
|                                 | <input type="checkbox"/> Hispanic                                  | <input type="checkbox"/> Special Disabled Veteran |
|                                 | <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Disabled                 |
|                                 | <input type="checkbox"/> Asian                                     |   |
|                                 | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |   |

Please consult the Human Resources Department should you require further information on determining whether you fall into any of the above categories.

Disclosure or refusal to provide this information will not subject an applicant or employee to any adverse treatment. We appreciate your cooperation.

Name (Print)

Signature

Date

## BCI Information:

To be considered for employment the following background check must be completed within 7 days of

You must obtain a criminal record check from The Bureau of Criminal Identification, located at 150

The Bureau of Criminal Identification is located in the Attorney General's Building.

You must bring photo I.D. with birth date and a check or money order for \$5.00.

**\*\*Parking is difficult so allow extra time\*\***

### **Directions to Main Office:**

150 South Main Street  
Providence, RI 02903  
Phone: (401) 274-4400

### **From Route 95 South**

- Get off exit 22a (Memorial Blvd).
- Go to the 6th Traffic Light near Capriccio's Restaurant.
- Take a left onto South Water Street staying to the left.
- Take a left onto Packett Street.
- Go to the top of the street, and take a left onto South Main Street.
- AG's office is the second building on your right.

### **From Route 95 North**

- Take exit 22a (Memorial Blvd/Downtown Providence)
- Follow above directions

### **From 195 West coming from East Providence**

- Take exit 2 (South Main Street).
- Go approximately .5 miles.
- AG's office is located at 150 South Main Street on right.

### **From Memorial Blvd. heading south**

- Take a left at the light near Capriccio's onto south water street.
- Take your next left (Packett Street) and go to the top of the street.
- Take a left onto South Main Street.
- AG's office is the second building on your right.

**Completion of the above does not guarantee employment with The Homestead Group.**