



P.O. Box 1525 • Opelika • AL • 36803
334.750.1361 • HaddiesHome.com
Haddieshome@gmail.com

Employment Application

The mission of Haddie's Home is to provide a Christ-centered home environment of trust and hope where girls in crisis have an opportunity to see God fulfill His purpose for their lives.

We will glorify God by creating and maintaining a premier facility for placement of girls in crisis, while being the hands of Christ, helping to shape the heart and future of the girls who will live there.

Position Applied for: _____ Date of Application: _____

Name: _____
Last First (Nickname) Middle

Current Address: _____
Street City State Zip

Daytime Phone Number: _() _____ Home Work Cell

Nighttime Phone Number: _() _____ Home Work Cell

Email: _____ Social Security Number: _____

Staff working with children must be 21 or older. *** House Parents must be 25 or older.**

Do you meet these requirements? Yes No

Are you a U.S. citizen or otherwise eligible to work in the U.S.? Yes No

Driver's License No: _____ State: _____

Emergency Contact: _____ () _____
Name Relationship Phone Number

If hired, on what date could you begin work? _____

How did you hear about this position? (Please be specific) _____

For Houseparent Applicants Only:

Name of Spouse: _____ Date of Marriage: _____

Gender and Ages of Children: _____

EDUCATION

	Name/Location of School	Diploma/Degree	Major/Minor	Graduated?
High School				
College/University				
College/University				
Trade, Business, School				

Professional Certificates or Licenses held: _____

Subjects or special studies: _____

Extracurricular activities: _____

Have you had any special education or training in residential group childcare and/or child welfare?

Yes No If yes, please explain: _____

For Clerical Applicants: *Typing Speed:* _____ *Office Equip:* _____

Computer Skills: _____

OTHER INFORMATION

If you have been convicted, pled guilty, or pled "no contest" or "nolo contendere" to an offense other than a minor traffic violation, give date, offense, court and sentence:

Is there any reason why you might be unable to perform the duties of the position for which you are applying? If so, please explain:

EMPLOYMENT HISTORY

PLEASE COMPLETE THIS SECTION EVEN IF INCLUDED ON A RESUME

List employment status for the last ten (10) years. Start with the most recent. Account for all periods of time including schooling, military service, and/or periods of unemployment and explanation.

Present or last employer: _____ **Position/Title:** _____

Address: _____
Street City State Zip

Supervisor's Name and Phone Number: _____

Date Employed: _____ **Date Left:** _____

Beginning Salary: _____ **Ending Salary:** _____

Responsibilities: _____

Reason for Leaving: _____

Please explain any lapse of time between this employer and previous if applicable:

EMPLOYMENT HISTORY – CONT.

PLEASE COMPLETE THIS SECTION EVEN IF INCLUDED ON A RESUME

List employment status for the last ten (10) years. Start with the most recent. Account for all periods of time including schooling, military service, and/or periods of unemployment and explanation.

Previous employer: _____ **Position/Title:** _____

Address: _____
 Street **City** **State** **Zip**

Supervisor’s Name and Phone Number: _____

Date Employed: _____ **Date Left:** _____

Beginning Salary: _____ **Ending Salary:** _____

Responsibilities: _____

Reason for Leaving: _____

Please explain any lapse of time between this employer and previous if applicable:

Previous employer: _____ **Position/Title:** _____

Address: _____
 Street **City** **State** **Zip**

Supervisor’s Name and Phone Number: _____

Date Employed: _____ **Date Left:** _____

Beginning Salary: _____ **Ending Salary:** _____

Responsibilities: _____

Reason for Leaving: _____

Please explain any lapse of time between this employer and previous if applicable:

EMPLOYMENT HISTORY – CONT.

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Supervisor's Name and Phone Number: _____

Date Employed: _____ **Date Left:** _____

Beginning Salary: _____ **Ending Salary:** _____

Responsibilities: _____

Reason for Leaving: _____

Please explain any lapse of time between this employer and previous if applicable:

Previous employer: _____ **Position/Title:** _____

Address: _____
 Street City State Zip

Supervisor's Name and Phone Number: _____

Date Employed: _____ **Date Left:** _____

Beginning Salary: _____ **Ending Salary:** _____

Responsibilities: _____

Reason for Leaving: _____

Please explain any lapse of time between this employer and previous if applicable:

DISCIPLINE PHILOSOPHY

HOUSE-PARENTS ONLY: Briefly explain your discipline philosophy. Describe how you would deal with a difficult child trying to challenge your authority.

COUNSELING PHILOSOPHY

COUNSELOR APPLICANTS ONLY: Briefly explain your theoretical philosophy in counseling and how that applies to the treatment of families. Describe how past therapeutic experiences have influenced your thoughts on the treatment of families.

Briefly explain any experience you have in management and describe your management "style".

REFERENCES

Please list below 5 references (professional, educational, or personal).

Teacher applicants should include Principal or Supervisor from present school and one other professional educator. Counselor applicants should include their most recent clinical supervisor and at least one other professional colleague, in addition to other professional or personal references.

<i>Name</i>	<i>Company/Title</i>	<i>Address & Phone Number</i>	<i>Years Known</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

MORE ABOUT YOU...

Please explain why you want to work at Haddie's Home.

Please tell us about your family (optional).

Please tell us about your extracurricular or community activities, hobbies or interests, special skills or talents.

*Please provide any **additional information** about yourself that will aid in evaluating your interest and qualifications for employment at Haddie's Home.*

STATEMENT OF APPLICANT'S CHRISTIAN FAITH

*Due to the unique nature and purpose of Haddie's Home, it is important that our employees be committed to the Christian principles as explained in our Statement of Faith. All of our employees are involved in times of prayer for our children, their families, and the ministry. They also actively participate in devotions and house-wide chapel services. **To help us evaluate our compatibility, please take a moment to answer the following.***

Name and address of the church you presently attend: _____

Name and office phone number of your Pastor: _____

Number of years you've attended this church: _____

Tell us about your spiritual walk with the Lord (continue on back if needed).

HADDIE'S HOME STATEMENT OF FAITH

Statement of Faith. Applicants should agree with Haddie's Home Statement of Faith:

- We believe the Bible to be the inspired, inerrant, authoritative Word of God.
- We believe that there is one God, eternally existent in three (3) Persons—Father, Son and Holy Spirit.
- We believe in the deity of Christ, in His virgin birth, in His sinless life, in His atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that, for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.
- We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
- We believe that God's redemptive purpose will be consummated by the return of Christ to raise the dead, judge all men, and establish His glorious kingdom. Those who are apart from Christ shall be eternally separated from God's presence, but the righteous shall live and reign with Him forever.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

Without mental reservation, I hereby subscribe to the above Statement of Faith.

Signature:

Date:

APPLICANT DISCLAIMER

The answers I have given in this application are true, accurate and complete. I understand and agree that any false statements contained herein will be sufficient cause to remove my name from consideration for employment. I further understand and agree that, if employed, any false statements given above will be sufficient cause for dismissal without any obligation or liability to me other than payment, at the agreed upon rate, for services actually rendered.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and that my employment may be terminated at any time, with or without cause and with or without notice. I understand that no employee or representative of Haddie's Home, other than the Executive Director, has any authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing. Further, the Executive Director may not alter the at-will nature of the employment relationship unless done so specifically in writing.

Signature:

Date:

CONSENT TO BACKGROUND INVESTIGATION

Haddie's Home certifies that all reports, whether oral or written, will be kept strictly confidential and, except as required by law, information will only be revealed to the applicant or person whose duty requires him or her to participate in the decision for the transaction for which the report was ordered. Haddie's Home further certifies that the purpose of the investigation is very limited in scope and information received will be used for the sole purpose of making a determination regarding the qualifications of an individual for employment purposes, which term includes initial employment, promotion, reassignment, or retention as an employee.

I, _____, hereby authorize Haddie's Home and/or its agents to make an independent investigation of my background, references, character, credit history, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I release Haddie's Home and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits regarding the information obtained from any and all of the above-referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name (Printed)

Maiden Name or Other Names Used

Social Security Number (for identification purposes only)

Signature:

Date: