



DOORWAYS

Application for Employment

DOORWAYS provides equal employment opportunity to all employees and applicants. It is DOORWAYS policy to comply with all Federal, State, and local laws prohibiting discrimination based on race, color, sexual orientation, gender identity, national origin, disability, and any other protected classifications. All applicants chosen for employment must submit to a drug test, background check, TB test, reference check, and possible physical examination. Any false or misleading information shared in the application process will result in immediate rejection in the consideration of their employment.

Applicant Information:

Please print all information:

APPLICANT'S NAME: _____
(Last) (First) (M.I.)

PHONE: _____ BEST WAY TO CONTACT YOU (PLEASE CIRCLE): PHONE EMAIL TEXT

E-MAIL ADDRESS: _____ LAST FOUR DIGITS OF SSN: _____

SEEKING POSITION: _____ REQUESTED STARTING SALARY: _____

Residential History:

CURRENT ADDRESS: _____
(Street) (City) (State) (Zip)

From: _____ TO: _____

PREVIOUS ADDRESS: _____
(Street) (City) (State) (Zip)

From: _____ TO: _____

PREVIOUS ADDRESS: _____
(Street) (City) (State) (Zip)

From: _____ TO: _____

Educational and Training Background:

Please print responses for all that apply:

HIGH SCHOOL/GED: _____
(Name) (City) (Highest Level Achieved)

VOCATIONAL SCHOOL: _____
(Name) (City) (Highest Level Conferred)

COLLEGE/UNIVERSITY: _____
(Name) (City) (Highest Level Conferred)

PROFESSIONAL CERTIFICATE/CERTIFICATION: _____
(Name of Certification) (Name of Credentialing Organization)

IS CERTIFICATION ACTIVE AND IN GOOD-STANDING? YES NO



FOR NURSING AND MAINTENANCE APPLICANTS:

IN WHAT DID YOU RECEIVE YOUR CERTIFICATION / TRAINING: _____

SCHOOL NAME: _____ CITY: _____ STATE: _____

LIST WHICH STATES IN WHICH YOU ARE CERTIFIED:	LICENSE TYPE:	LICENSE NUMBER:
_____	_____	_____
_____	_____	_____

General Information:

- ARE YOU UNDER 18 YEARS OF AGE? YES NO
- HAVE YOU EVER BEEN EMPLOYED BY OR VOLUNTEERED FOR DOORWAYS? YES NO IF YES, WHEN? _____
- ARE YOU PERSONALLY ASSOCIATED WITH ANY DOORWAYS' STAFF? YES NO IF YES, WHO? _____
- ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? YES NO
- DO YOU HAVE A VALID CPR LICENSE? YES NO EXPIRATION DATE: _____
- DO YOU HAVE A VALID FIRST-AID LICENSE? YES NO EXPIRATION DATE: _____
- WOULD YOU BE WILLING TO COMPLETE A DRUG TEST AND PHYSICAL? YES NO
- HAVE YOU EVER HAD A PROFESSIONAL LICENSE SUSPENDED OR REVOKED? YES NO
- HAVE YOU EVER BEEN FIRED FROM A JOB OR FORCED TO RESIGN? YES NO
- HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
- IF YES, DO YOU HAVE AN ACTIVE GOOD CAUSE WAIVER? YES NO

PLEASE EXPLAIN ANY INVOLUNTARY TERMINATIONS, LICENSURE SUSPENSIONS, OR FELONY CHARGES: _____



Employment History:

List the last three positions you have held with the most recent first. DOORWAYS will not consider you for employment if what you provide does not closely match what we verify.

(1) _____
(Company Name) (Your Title) (Date Started) – (Date Ended)

(Address) (City) (State) (Zip)

SUPERVISOR: _____ TELEPHONE: _____ SALARY: \$ _____ PER _____

LIST MAJOR DUTIES: _____

REASON FOR LEAVING: _____

(2) _____
(Company Name) (Your Title) (Date Started) – (Date Ended)

(Address) (City) (State) (Zip)

SUPERVISOR: _____ TELEPHONE: _____ SALARY: \$ _____ PER _____

LIST MAJOR DUTIES: _____

REASON FOR LEAVING: _____

(3) _____
(Company Name) (Your Title) (Date Started) – (Date Ended)

(Address) (City) (State) (Zip)

SUPERVISOR: _____ TELEPHONE: _____ SALARY: \$ _____ PER _____

LIST MAJOR DUTIES: _____

REASON FOR LEAVING: _____



Maxims:

Maxims are fundamental rules of conduct. At DOORWAYS, we strive to follow these maxims every day:

- We believe in DOORWAYS' mission and build our best practices through mutual respect, support, and positive attitudes.
- We honor and embrace individual differences in clients, staff, and volunteers.
- We value teamwork, problem solving, and sustainable solutions.
- We practice compassionate listening to understand each person's unique life challenges.
- We maintain the highest level of confidentiality in all that we do.
- We allow a fresh start each day and strive to be impartial and fair in all our work relationships.
- We take pride in ensuring all clients receive Housing, Health, and Hope

I understand if I become a member of DOORWAYS' team, I will not only follow the above maxims, but strive to promote them in each of my interactions with DOORWAYS' clients, staff, and volunteers. I understand that DOORWAYS' mission is to provide Housing, Health, and Hope to those we serve, and I will use compassion and professionalism at all times.

Applicant's Signature: _____ **Date:** _____

Disclaimer and Signature

I agree that I will settle any and all previous claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment and/or cessation of employment with DOORWAYS, *exclusively* by final and binding *arbitration* before a neutral Arbitrator. By way of example only, such claims include claims under federal, state and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights act of 1964, as amended, including the amendments of the Civil Rights act of 1991, the Americans with Disabilities act, the law of contract and the law of tort. I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This includes a thorough background check and possible credit check.

I acknowledge that this application will be maintained by the organization for at least two years from the date of submission. After two years have expired, the applicant may need to re-submit an employment application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of this Employer.

Applicant's Signature: _____ **Date:** _____