



## House Parent Employment Application

| Personal Information  |       |                                 |
|---|-------|---------------------------------|
| Applicant #1 Name   |       | Date of Application             |
| Email   |       | Date of Birth                   |
| Applicant #2 Name   |       | Date of Application             |
| Email   |       | Date of Birth                   |
| Present Address   |       | Apartment/Unit #                |
| City  | State | Zip Code                        |
| Marital Status  |       | How long you have been married? |
| Age(s) and Gender(s) of Children  |       |                                 |
| Pets  |       |                                 |
| Faith   |       |                                 |
| Are you a Christ-follower? <input type="checkbox"/> yes <input type="checkbox"/> no                       |       |                                 |
| Do you attend church regularly? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If so, where? |       |                                 |
| Are you a member of this church? <input type="checkbox"/> yes <input type="checkbox"/> no                 |       |                                 |
| Do we have permission to contact your pastor? <input type="checkbox"/> yes <input type="checkbox"/> no    |       |                                 |
| What is your involvement in church?   |       |                                 |
| Are you actively involved in any other Christian work? (if applicable)                                    |       |                                 |
| Give us your personal statement of faith and beliefs.   |       |                                 |



| Applicant #1 Education  |                          |                 |
|---|--------------------------|-----------------|
| What is your highest level of education?<br><input type="checkbox"/> high school diploma <input type="checkbox"/> GED <input type="checkbox"/> some college <input type="checkbox"/> bachelor's degree <input type="checkbox"/> master's degree |                          |                 |
| School Name   | Field of Study/Degree    | Graduation Year |
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| School Name   | Field of Study/Degree    | Graduation Year |
| Applicant #1 Work Experience  |                          |                 |
| Job Title   | Employment Dates         |                 |
| Name of Employer  | Phone Number of Employer |                 |
| Supervisor Name   | Location of Employer     |                 |
| Job Title   | Employment Dates         |                 |
| Name of Employer  | Phone Number of Employer |                 |
| Supervisor Name   | Location of Employer     |                 |
| Job Title   | Employment Dates         |                 |
| Name of Employer  | Phone Number of Employer |                 |
| Supervisor Name   | Location of Employer     |                 |
| Please list any skills, trades, experience, etc. that are not listed above.   |                          |                 |
|   |                          |                 |
|   |                          |                 |
| Applicant #1 Health   |                          |                 |
| Please indicate your condition of health. <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor  |                          |                 |
| Do you have any physical limitations? If yes, please describe.  |                          |                 |
|   |                          |                 |



| Applicant #2 Education  |                          |                 |
|---|--------------------------|-----------------|
| What is your highest level of education?<br><input type="checkbox"/> high school diploma <input type="checkbox"/> GED <input type="checkbox"/> some college <input type="checkbox"/> bachelor's degree <input type="checkbox"/> master's degree |                          |                 |
| School Name   | Field of Study/Degree    | Graduation Year |
| School Name   | Field of Study/Degree    | Graduation Year |
| School Name   | Field of Study/Degree    | Graduation Year |
| Applicant #2 Work Experience  |                          |                 |
| Job Title   | Employment Dates         |                 |
| Name of Employer  | Phone Number of Employer |                 |
| Supervisor Name   | Location of Employer     |                 |
| Job Title   | Employment Dates         |                 |
| Name of Employer  | Phone Number of Employer |                 |
| Supervisor Name   | Location of Employer     |                 |
| Job Title   | Employment Dates         |                 |
| Name of Employer  | Phone Number of Employer |                 |
| Supervisor Name   | Location of Employer     |                 |
| Please list any skills, trades, experience, etc. that are not listed above.   |                          |                 |
|   |                          |                 |
|   |                          |                 |
| Applicant #2 Health   |                          |                 |
| Please indicate your condition of health. <input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor  |                          |                 |
| Do you have any physical limitations? If yes, please describe.  |                          |                 |
|   |                          |                 |



| Applicant #1   |                                   |                 |
|--|-----------------------------------|-----------------|
| Do you consent to a background check? <input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain below.                                  |                                   |                 |
| Have you ever been convicted of a crime? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, please explain below.                              |                                   |                 |
| Have you ever been accused or have a true finding of child maltreatment? <input type="checkbox"/> no <input type="checkbox"/> yes<br>If yes, please explain. |                                   |                 |
| Do you have a driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no   |                                   |                 |
| DL Number  | State of Issue                    | Expiration Date |
| Have you had any driving accidents in the past 3 years? <input type="checkbox"/> no <input type="checkbox"/> yes<br>If yes, please describe.                 |                                   |                 |
| Are you CPR certified? <input type="checkbox"/> yes <input type="checkbox"/> no  | CPR Certification Expiration Date |                 |
| Do you agree to not consume alcohol, tobacco, or any other drug? <input type="checkbox"/> yes <input type="checkbox"/> no                                    |                                   |                 |
| Are you comfortable administering and documenting medication? <input type="checkbox"/> yes <input type="checkbox"/> no                                       |                                   |                 |

| Applicant #2   |                                   |                 |
|--|-----------------------------------|-----------------|
| Do you consent to a background check? <input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain below.                                  |                                   |                 |
| Have you ever been convicted of a crime? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, please explain below.                              |                                   |                 |
| Have you ever been accused or have a true finding of child maltreatment? <input type="checkbox"/> no <input type="checkbox"/> yes<br>If yes, please explain. |                                   |                 |
| Do you have a driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no   |                                   |                 |
| DL Number  | State of Issue                    | Expiration Date |
| Have you had any driving accidents in the past 3 years? <input type="checkbox"/> no <input type="checkbox"/> yes<br>If yes, please describe.                 |                                   |                 |
| Are you CPR certified? <input type="checkbox"/> yes <input type="checkbox"/> no  | CPR Certification Expiration Date |                 |
| Do you agree to not consume alcohol, tobacco, or any other drug? <input type="checkbox"/> yes <input type="checkbox"/> no                                    |                                   |                 |
| Are you comfortable administering and documenting medication? <input type="checkbox"/> yes <input type="checkbox"/> no                                       |                                   |                 |



Why are you interested in being a houseparent at Soaring Wings?

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I/we certify that this employment application was completed by me/us and that all of the information on this application is true and correct to the best of my/our knowledge.

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Applicant #1 Signature

Date

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Applicant #2 Signature

Date