

Employee Application Process

To apply for a position at Doors to Freedom, please submit a completed Employee Application along with your cover letter, resume, and references.

<u>Cover Letter</u>: This should include why you would like to work for Doors to Freedom and why you decided to apply for the particular position you are applying for.

Email To: info@doorstofreedom.com

Mail To: 1605 Central Avenue, Suite 6, #315, Summerville, SC 29483



Employee Application

The purpose of this application is to help Doors to Freedom provide a safe and secure environment for the residents under our care, as well as to place employees in positions they are best suited for by virtue of their giftings, experience, and life history.

Name:				
First		Middle		Last
Address:				
Address		City	State	Zip Code
Telephone Number:				
1	Home Phone	Cell Phone		Work Phone
imail:				
Date of Birth:	La	ast 4 digits of Social Sec	urity Number	:
Oriver's License Number	:		State:	
Occupation:				
How did you hear about	Doors to Freedom	n?		
Title of the position you	are applying for: _			
Are you authorized to w	ork in the United S	States? Yes	N	lo
Please indicate the date	you would be ava	ilable to begin:		

Educa	tion: Please list the highest lev	el of education attained, year of graduation	on, and major/minor.	
Specia	al Skills: List any special skills re	elevant to the position you are applying fo	r.	
beginr	ner)	ages do you speak? On what level? (fluer	nt, conversational,	
WORK	EXPERIENCE:			
1				
	Employer/Company	Your position in the company	Dates	
	Company Address		Telephone Number	
2.				
	Employer/Company	Your position in the company	Dates	
	Company Address		Telephone Number	
3.				
J	Employer/Company	Your position in the company	Dates	
	Company Address		Telephone Number	



Have y	ou ever been involunta	rily terminated from a job?	Yes	No
If YES,	please explain:			
			v	
_		s within the last 6 months?		No
It YES,	please explain:			
_		of a violent crime (to include bu	it not limited to sex	ual crimes) within
	t 10 years?			
It YES,	please explain:			
	L HISTORY: (OPTIONAL)			
•	ou ever been a victim of Yes No	a violent crime, physical abuse, s	sexual abuse, or chi	ldhood neglect?
-		estion unanswered, will not automat leave long-lasting scars and in some		•
	ildren, we feel this is an im	= =	, ,	, , , , , , , , , , , , , , , , , , , ,
		references who are not related to	•	• •
profess	sor/teacher. (Note: Doors to	o Freedom may move forward with refer	rence checks after the ir	iterview.)
1.	Name	Relationship	How long have	you known them?
	Nume	Netacionsinp	riow long have	you known them.
	Email Address		Phone num	lber
2				
2.	Name	Relationship	How long have	you known them?
		·	_	•
	Email Address		Phone num	ber
3.				
J.	Name	Relationship	How long have	you known them?
	Email Address		Phone num	nber

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) they may have regarding my character and fitness for working with Doors to Freedom. I, hereby, release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Doors to Freedom from any and all liability with respect to the use and or disclosure of information gathered as part of this background check. I understand that any position or offer of a position is dependent upon results of a background check. I further understand that I have no right to a position and that my position may be terminated immediately without cause and without notice at the sole discretion of Doors to Freedom.

I, as an applicant for Doors to Freedom, understand and consent to the use of my name, date of birth, and social security number to be submitted to the appropriate law enforcement agency for a background check, pursuant to Doors to Freedom policies.

Should my application be accepted, I agree to be bound by the bylaws and policies of Doors to Freedom.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Signature	Print Name	Date
	DO NOT WRITE BELOW THIS LINE	
		:=========
DATE OF APPROVAL:		
Signature of Staff Member:		
POSITION HIRED FOR:		
START DATE:		