

APPLICATION FOR:

**Recovery Transitional Housing Center
SAFE Haven, LLC**

SAFE Haven, LLC is an equal opportunity employer/transitional housing provider and does not discriminate against otherwise qualified applicants based on race, color, creed, religion, ancestry, age, sexual orientation, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Previous Address _____
Number & Street City State Zip Code

Personal Email Address _____ Phone _____

DOB _____ Social Security # _____

Do you have a bank Account? _____ Yes _____ No If yes please provide the Bank Name

Have you ever filed for bankruptcy? _____ Yes _____ No

Previous Eviction _____ Yes _____ No If Yes, Date: _____

Single Married Divorced (Circle One) Do you have any children? _____ Yes

_____ No List Names, Ages, Custody Status?

Who are your primary social supports?

What are your Strengths? What are your limitations/barriers?

Are you over 18 years old? ___ Yes ___ No Do you have a valid Driver's license? ___ Yes ___ NO

Last Date You Drank Alcohol _____ Last Date you used illegal Drugs _____

Have you ever shared needles or used IV drugs? ___ Yes ___ No

Have you been Tested for (circle all that apply) HIV HEP C Do you know the results?
___ Yes ___ No

*****You will need a recent TB skin Test to be admitted to the Program-Please Provide Proof at intake assessment or with Application*****

Test Date _____ **Result** _____

Do you have a Sponsor? Yes No Are you willing to work with a sponsor?
 Yes No

Are you legally eligible for employment in the United States? Yes No

Do you have any chronic health problems? Yes No; If yes please explain

Do you have any special diet concerns or needs? Yes No

Please Explain if answered Yes

******Current Prescriptions must be included in the application. All applications are subject to an INspect report. Please bring all prescriptions to your intake interview. ******

Please describe medications here (Including purpose and dosage) _____

Prescribing Physician: _____ Phone # _____

EDUCATION:

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: __ Yes __ No **G.E.D.:** __ Yes __ No

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

Did you enjoy School? _____ Yes _____ No

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

State of [State Name] License Number _____

License Expiration Date _____

**This application for SAFE Haven, LLC is good for 30 days only.
Consideration for the transitional housing program, after 30 days requires
a new application.**

SKILLS:

Please list additional skills or abilities that you would like to mention:

RECORD OF CONVICTION:

During the last 7 years, have you ever been convicted of a crime other than minor traffic offense?

_____ Yes _____ No Have you had a crime of violence or Sexual Misconduct? _____ Yes _____ No

Do you have any pending criminal charges? _____ Yes ____ No

If yes, Conviction Dates:

What programs did you complete while in the Criminal Justice System?

of Prison Sentences _____ # Probation Sentences _____

Age of First Arrest: _____

(A conviction will not necessarily automatically disqualify you for approval for the transitional housing program. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).



Personal Goal Statement

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? ___ Yes ___ No

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr. Mo/Yr.

Salary _____ Supervisor _____

Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr. Mo/Yr.

Salary _____ Supervisor _____

Department _____

Duties _____ FT __ PT __ No. of Hrs. ____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr. Mo/Yr.

Salary _____ Supervisor _____

Department _____

Duties _____ FT __ PT __ No. of Hrs. ____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history:

Have you ever been discharged or asked to resign from a job? __ Yes __ No

If yes, explain: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize **SAFE Haven, LLC** to verify their accuracy and to obtain reference information on my work performance. I hereby release **SAFE Haven, LLC its successors and/or assigns** from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if accepted and approved for the transitional housing program, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of the participant agreement of the SAFE Haven, LLC. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied participant agreement contract. I understand that any housing program offered is for a set period duration as set forth in the program contract and at will and that either I or SAFE Haven, LLC may terminate my transitional housing limited licensing agreement subject to the terms and conditions of the agreement.

Signature of Applicant _____ Date: _____