



Workforce Development Program

Application Packet

"RESTORING HOPE; ONE LIFE, ONE HOME, ONE NEIGHBORHOOD AT A TIME."

■ If you are a House of Hope resident, skip to page 16 and complete from there.

About Us

The House of Hope is a program for adults in recovery from addiction and/or incarceration. It provides a safe, supportive environment where the individual can focus on making positive and permanent life changes.

The House of Hope is a subsidiary of Hope Restorations, a nonprofit organization that provides job skill training and recovery support to adults in recovery from addictions and/or incarceration.

A primary strategy of Hope Restorations is to positively impact our community through home renovations and property rentals that assist the low-income population and benefit local economics, while dually providing a transferable skill set and opportunities to individuals in recovery.

Hope Restorations' workforce development program is customized for each participant based on their specific experience and needs. Each participant is assigned a mentor for guidance and progress reports. The mentor may be a peer support specialist, case worker, team leader, supervisor, division manager, or any Hope Restorations staff member.

Contact

Office Address	611 Mitchell St, Kinston, NC 28501
Phone Number	252-520-9975
Mailing Address	PO Box 1656, Kinston, NC 28503
Office Hours	M-Th: 8:30 am - 4 pm Fri: 8:30 am - 12 pm Sat-Sun: Closed
Visit our Website	https://www.hoperestorationsnc.org/
Follow us on Facebook	https://www.facebook.com/HopeRestorations

Page 10 of 10

Tell us about yourself, the path that led you to where you are today, and why you are seeking help.

Feel free to add additional pages, if needed.

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If you are a House of Hope resident, skip to page 16 and complete from there.

Applicant Information & Demographics

Full Name: _____

Date of Birth: _____
(MM/DD/YYYY)

Social Security Number: _____ Marital Status: ☐ Single
☐ Married
☐ Divorced

Street Address: _____

Are you Homeless? ☐ Yes
☐ No

If yes, where and with whom are you currently staying?

What is your nationality: _____ Gender: _____

Email Address: _____ Phone: _____

Applicant Academic History

Did you receive a high school diploma? ☐ Yes
☐ No

If not, what was the last grade you completed? _____

Did you receive a GED? ☐ Yes
☐ No

Did you attend college? ☐ Yes
☐ No

Did you earn a degree or certification? ☐ Yes
☐ No

If yes, in what program area is your degree or certification? _____

 If you are a House of Hope resident, skip to page 16 and complete from there.

Notification and Release

The information contained in this application for participation with Hope Restorations, Inc. is true to the best of my knowledge and belief.

I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which are deemed material by Hope Restorations, Inc. will result in termination from the program.

I understand and agree that all information furnished in my application and all attachments may be verified by Hope Restorations, Inc. or its authorized representatives.

I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give Hope Restorations, Inc. all information relative to such verification and hereby release such individuals and organization from any and all liability for any claim or damage resulting therefrom.

I hereby acknowledge that I have been informed by Hope Restorations, Inc. that it may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to: educational history, work references, driving record and criminal convictions or arrest records if allowed, in order to assist Hope Restorations, Inc. in making certain program participant screening decisions.

I further acknowledge notification by Hope Restorations, Inc. that reports may be provided to Hope Restorations, Inc. by other firms subcontracted for that purpose.

I, my heirs, assigns and legal representatives, hereby release and fully discharge Hope Restorations, Inc., its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations.

Hope Restorations, Inc. agrees to inform you if a residency decision has been influenced by information contained in a consumer report, made at our request by Hope Restorations, Inc.

I, _____, **certify that I understand and comply with the information above.**

Program Participant Signature

Date (MM/DD/YYYY)

Hope Restorations Representative Signature

Date (MM/DD/YYYY)

If you are a House of Hope resident, skip to page 16 and complete from there.

Notification and Release Form

Please list all the names you have used in the past 7 years including married, maiden, and aliases.

Current:

Full Name: _____

Date of Birth: _____
(MM/DD/YYYY)

Maiden Name or "AKA": _____

Dates Used: _____
(YYYY) From _____ To _____

Previous:

Full Name: _____

Date of Birth: _____
(MM/DD/YYYY)

Maiden Name or "AKA": _____

Dates Used: _____
(YYYY) From _____ To _____

Please list all the addresses you have occupied in the past 7 years.

Street Address: _____
(Street, City, State & Zip Code)

Dates Occupied: _____
(YYYY) From _____ To _____

Street Address: _____
(Street, City, State & Zip Code)

Dates Occupied: _____
(YYYY) From _____ To _____

Street Address: _____
(Street, City, State & Zip Code)

Dates Occupied: _____
(YYYY) From _____ To _____

Print and add additional pages if necessary.

If you are a House of Hope resident, skip to page 16 and complete from there.

THIS SECTION IS FOR EMPLOYER USE ONLY.
Please proceed to the next section, Photo Media Release.

Place a check next to the searches to be conducted

- ☐ Nationwide Criminal Database Search
- ☐ Nationwide Sexual Offender Check

If verifications are ordered, additional information must accompany this release.

Contact
Email: hoperkinstonnc@gmail.com

Phone: (252) 520-9975

If you are a House of Hope resident, skip to page 16 and complete from there.

Applicant Substance Use Screening

Have you ever had any substance addictions? ☐ Yes
☐ No

If so, list your substance/s of choice: _____

How long have you been sober? _____

Are you currently in a drug or alcohol treatment center or rehab facility? ☐ Yes
☐ No

If so, what is your expected discharge date:

Have you previously attended a drug or alcohol treatment center or rehab facility? ☐ Yes
☐ No

If so, list the name of the facility and your discharge date:

Are you in M.A.T.? ☐ Yes
☐ No

Are you receiving suboxone or methadone treatments? _____

If you are a House of Hope resident, skip to page 16 and complete from there.

Applicant Legal Screening

Are you currently incarcerated? ☐ Yes
☐ No

If so, what is your expected release date? _____

Do you have a probation/parole officer? ☐ Yes
☐ No

If so, list their name and contact information: _____

Are you a registered sex offender? ☐ Yes
☐ No

If so, in which county and state? _____

Have you ever been affiliated with gangs or under STG (Security Threat Groups) status while incarcerated? ☐ Yes
☐ No

If so, please explain below:

Have you ever been convicted of a felony? ☐ Yes
☐ No

If so, what are the charges/convictions?

Do you have pending charges? ☐ Yes
☐ No

If so, please explain below:

Do you have an open DSS case? ☐ Yes
☐ No

If so, please list the county and explain the status:

If you are a House of Hope resident, skip to page 16 and complete from there.

Medications

Hope Restorations is a drug-free facility and our mission is to assist adults in recovery from addictions to become drug-free and productive citizens in the community. Please indicate if you are on the following prescription drugs and we will verify through your physician.

- | | |
|--|---|
| <input type="checkbox"/> Morphine | <input type="checkbox"/> Buprenorphine (semisynthetic opioid) |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Tramadol (synthetic codeine) pain meds |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Narcotics |
| <input type="checkbox"/> Anti-psychotics | <input type="checkbox"/> Other ; please list all medications in the table provided below |
| <input type="checkbox"/> Barbiturates | |

Medication	Dosage	Prescribing Dr.	Refillable	End Date

Program Participant Signature

Date (MM/DD/YYYY)

Hope Restorations Representative Signature

Date (MM/DD/YYYY)

 **If you are a House of Hope resident, skip to page 16 and complete from there.**

Emergency Contact

Full Name: _____

Relationship: _____

Phone Number: _____

I, _____ have voluntarily provided the information above and authorize Hope Restorations representatives to contact any of the above on my behalf in the event of an emergency.

Program Participant Signature

Date (MM/DD/YYYY)

House of Hope Drug Testing Policy

Hope Restorations is fully committed to a drug-free workplace, which will enhance the safety and welfare of program participants, residents, and employees, increase overall productivity and the quality of service to the public. This will also assist in the preservation of property and equipment, promote public safety, and reduce absenteeism and job-related accidents. The Substance Abuse and Drug-Free Workplace Policy will help Hope Restorations achieve the image and reputation of the department and employees that is strived for. A summary of the policy is below. Program participants will receive the detailed policy at the time of their orientation.

Hope Restorations has the right to require program participants to submit to observed testing for drug and/or alcohol use as a continuing condition of program participation as staff deems necessary to the safe and efficient operation of the program. Hope Restorations will follow probation/parole procedures when performing a drug test. You will be given **one hour** to produce your test or it will result in a failure. Participants who refuse to submit to observed drug and/or alcohol testing or who tests positive may be suspended from pending further investigation and may be subject to discipline, up to and including immediate discharge.

If a program participant endures a work-related injury and has tested positive for a drug and/or alcohol screening, the employee or program participant will not be compensated for the cost of medical attention nor workers compensation if taking off work is necessary. All alcohol and drug testing results and records are considered confidential and will not be used or disclosed in public or private proceedings except in proceedings or civil litigation where the results are relevant.

 If you are a House of Hope resident, skip to page 16 and complete from there.

Drug/Alcohol Testing Consent Form

I hereby agree, upon a request made under the drug/alcohol testing policy of Hope Restorations, to submit to an observed drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis.

I understand and agree that if I at any time refuse to submit to an observed drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. Hope Restorations will follow probation/parole procedures when performing a drug test. You will be given **one hour** to produce your test or it will result in a failure.

I authorize and give full permission to have Hope Restorations send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Hope Restorations and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I authorize the Hope Restorations to disclose any documentation relating to such a test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Hope Restorations officers, employees, and agents will have access to information furnished or obtained in connection with the test: that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make program/employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Hope Restorations and any testing laboratory the Hope Restorations might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or program termination or any other kind of adverse action that might arise as a result of the drug or alcohol test, even if an Hope Restorations or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results.

I will hold harmless Hope Restorations and any testing laboratory Hope Restorations might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization has been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

 If you are a House of Hope resident, skip to page 16 and complete from there.

I UNDERSTAND THAT HOPE RESTORATIONS WILL REQUIRE AN OBSERVED DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Remember, "involved in an accident or injury" means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. Testing only accident or injury victims can, in the eyes of some, appear to be a way of discouraging workers from filing workers' compensation claims, and that in turn can have a very unfavorable effect on workers' compensation retaliatory discharge lawsuits.

Program Participant Printed Name

Program Participant Signature

Date (MM/DD/YYYY)

Hope Restorations Representative Signature

Date (MM/DD/YYYY)

 If you are a House of Hope resident, skip to page 16 and complete from there.

Photo and Media Release Form

Thank you for helping Hope Restorations compile information and stories about our efforts and impacts. The information, pictures, and videos you provide are often used to market our programs and tell our story so we can attract more participants, volunteers, donors, and other resources.

Please take a moment to fill out this release form. In doing so, you will be giving Hope Restorations, Inc. permission to use your photographs, videos, quotes, name, and general information about you and your story, unless you specify otherwise.

I agree that:

- 1. Hope Restorations Inc. will have complete and total ownership of the photos, videos, and information, and the right to reproduce them.**
- 2. Hope Restorations Inc. may use my name, likeness, biographical information, and general information in a brochure, newsletter, website, email, or other publication or presentation, and may provide the photos, videos, and information to others for similar use.**
- 3. I will not be compensated for the use of photographs, videos, and/or information.**

Program Participant Signature

Date (MM/DD/YYYY)

Applicant Identification

Are you a citizen of the United States? ☐ Yes ☐ No

Are you authorized to work in the United States? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have a valid I.D.? ☐ Yes ☐ No

Driver's license or I.D. number _____

Applicant Military Service

Have you served in the U.S. Military? ☐ Yes ☐ No

If so, which Branch? _____

Duration of service: *From* _____ *To* _____

Rank at Discharge: _____

Type of Discharge: _____

If other than honorable, please explain below:

Applicant Employment History

Please list in order beginning with current/most recent

Company Name: _____

Address: _____

Duration of Employment: *From* _____ *To* _____

Position/Job Title: _____

Salary: *Starting:* \$ _____ *Ending:* \$ _____

Job Description/List of Responsibilities: _____

Supervisor: _____ Phone: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Reason for leaving: _____

Company Name: _____

Address: _____

Duration of Employment: *From* _____ *To* _____

Position/Job Title: _____

Salary: *Starting:* \$ _____ *Ending:* \$ _____

Job Description/List of Responsibilities: _____

Supervisor: _____ Phone: _____

May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Reason for leaving: _____



Health Evaluation

I hereby certify that I am in good health and physically able to participate in Hope Restorations' Workforce Development Program. I understand that the program may involve various physical activities, and I acknowledge that I am capable of safely engaging in these tasks.

By signing below, I agree to notify Hope Restorations if there are any changes in my health status that could impact my participation. I also understand that I may be asked to provide additional health information if necessary.

Program Participant Signature

Date (MM/DD/YYYY)

Program Participation Agreement

Initial the corresponding blank to show that you have read, and understand.

The purpose of this program is to provide recovery coaching, life skills/employment training, financial aid and other support to adults recovering from addictions or Incarceration in a safe environment. Our goal is to help each program participant become well prepared to obtain and maintain steady, honest employment in the marketplace as soon as feasible, or enroll in higher education. In order to help meet this goal, I agree with the following non-negotiable conditions of participating In this program:

- _____ I will be completely committed to my recovery, including but not limited to passing any and all regular or random drug and alcohol screens. I understand this is a zero-tolerance issue. My participation may be terminated if I fail a screening. Further, I understand that I will be responsible for my own medical expenses if I am hurt while under the influence of any substance, and I may be civilly and criminally liable if my accident hurts another person.
- _____ I will arrive for the daily sessions each day with a willing spirit and attitude. I will be ready and arrive at the scheduled start time rather than arriving at the last minute or late or not at all.
- _____ I will not have my cell phone or visitors during program hours. I will tell my family and friends to contact the Hope Restorations office at 252-520-9975 in case of emergency and my crew leader will get the information to me as quickly as possible.
- _____ I will submit to the authority of my crew leader, the project coordinator, the executive director, and the board of directors of Hope Restorations. I will follow instructions and do my best to meet their expectations of me.
- _____ I will respect my crew leader and all of my peers. I will never curse, belittle, bully, intimidate, threaten, or yell at anyone while at the site of the program. I will also try to practice this way of living while away from the program. I will be actively learning how to resolve disagreements or conflicts in healthy, productive ways.
- _____ I will participate in all of our group discussions, especially those which deal with recovery, team building and conflict resolution.
- _____ If I do not have a valid driver's license I cannot drive myself to or from the site of the program. I will never be allowed to drive a company vehicle.



- I will not participate in "bad-mouthing" the organization or any member of it. I am learning to be a positive person who takes responsibility for my own circumstances. I will not try to blame others when things don't go the way I want. I will learn to offer constructive criticism in healthy ways and at appropriate times.
- I will do my best to bring the best of me to the program every day. I will be open to learning and to respectful correction and accountability. I understand that employers want and expect good attitudes and consistent performance from their employees, and that's who I want to be from this day forward.
- Unless or until I am notified that Hope Restorations wants to train me for leadership and permanent employment, I will sincerely and actively work to find better paying, permanent employment and agree that Hope Restorations should and will provide prospective employers with objective and detailed information about my performance in this program.
- I also understand that Hope Restorations, a non-profit therefore, I understand that I am a program participant and not an employee. Therefore Hope Restorations does not participate In North Carolina Employment Security's Unemployment Insurance Program.

I understand and agree with all of the conditions and "I will" statements made in this agreement. I understand that failure to live up to any of these conditions can and will result in my dismissal from the program.

Program Participant Signature

Date (MM/DD/YYYY)

Attendance and Punctuality Policy

Initial the corresponding blank to show that you have read, and understand.

Attendance is a key factor in your Recovery. Punctuality and regular attendance are expected of all participants. Excessive absences whether excused or unexcused, tardiness or leaving early is unacceptable.

- _____ If you are absent for any reason or plan to arrive late or leave early you must notify your mentor as far in advance as possible and no later than one hour before the start of your scheduled day.
- _____ In the event of an emergency you must notify your mentor as soon as possible.
- _____ For all absences extending longer than one day you must telephone your mentor prior to the start of each scheduled day.
- _____ When reporting an absence you should indicate the nature of the problem causing your absence and your expected return date. A physician's statement may be required as proof of the need for any illness related absence regardless of the length of the absence.
- _____ Except as provided in other policies a program participant who is absent without notification to his or her mentor may be considered to have voluntarily terminated his or her participation in the Hope Restorations Program/Grant.
- _____ Excessive absences, tardiness or leaving early will be grounds for discipline up to and including termination of program/grant.

Program Participant Signature

Date (MM/DD/YYYY)

What is a Stipend?

A stipend is an incentive for program participants to meet individualized, planned goals. This does not represent payment for any work performed.

I understand the definition of a stipend.


Program Participant Signature

Date (MM/DD/YYYY)

Confidentiality and Non-Disclosure Agreement

This Agreement is made and entered into by and between Hope Restorations Inc. and _____ in connection with the information and data submitted by the former. Agreement is being executed to safeguard and protect Confidential and Proprietary Information owned by Hope Restorations, Inc, its Customers, Dorors, Tenants and Employees. I _____ do hereby agree, as follows:

1. "Confidential Information," as used herein shall mean proprietary information and/or data provided by Hope Restorations, Inc. to the Receiving Party during the disclosure of confidential information, which are to be kept confidential by the Receiving Party.
2. All information provided and/or by Hope Restorations, Inc to the Receiving Party for the commissioned work shall be marked as "Proprietary and Strictly Confidential." Information disclosed through oral presentation and/or through Power Point presentation and/or other means must be identified also as strictly confidential during and after the time / period of disclosure.
3. It is agreed that the Receiving Party shall keep the information confidential and shall not publish or otherwise disclose such information except to the extent that it can be established by the Receiving Party By competent proof that such information:
 - a. Was already known to the Receiving Party, other than under an obligation of confidentiality, at the time of disclosure and/or presentation
 - b. Was generally available to the public or otherwise part of the public domain at the time of its disclosure to the Receiving party

- 
- c. Became generally available to the public or otherwise part of the public domain after its disclosure and other than through any act or omission of the Receiving Party
 - d. Was subsequently lawfully disclosed to the receiving party by a third party.
 4. Except as provided herein, the receiving party will not disclose any Confidential Information to any other person or will use any Confidential Information other than in connection with the commissioned work without its prior written approval. Each one agrees to observe, exercise and execute extreme care in protecting the confidentiality of any Confidential and Proprietary Information.
 5. _____ may disclose Confidential Information (i) to other parties and/or receiving party who have executed non-disclosure agreements (ii) or by requirement of law, and (iii) to other up Manila employee or faculty provided that such employee and/or faculty members has signed a non-disclosure agreement.
 6. All Confidential information delivered / presented and/ or disclosed by _____ will be and remain as Intellectual Property of Hope Restorations Inc. All Confidential information, and/or hard copies, thereof the disclosed confidential information will be promptly returned to Hope Restorations, Inc without retaining a copy in the possession of the receiving party. All electronic documentation of the confidential information will be deleted from the file repository of the receiving party once the commissioned work is completed.
 7. Any one or all persons listed herein recognize and agree that nothing contained in this agreement shall be construed as granting any rights in his/her/their favor, by license or otherwise, to any confidential information except as specified in this agreement.
 8. Any one or all persons listed herein similarly acknowledge that all confidential information is owned solely by Hope Restorations, Inc and that unauthorized disclosure or use of such confidential information would cause irreparable harm and significant injury, the degree of which may be difficult to ascertain. Accordingly, any one or all persons listed herein agree that Hope Restorations, Inc shall have the right to obtain an immediate injunction enjoining and breach of this agreement, as well as to pursue any and all other rights and remedies available at law or in equity for such breach.
 9. This agreement shall be constructed, interpreted and applied in accordance with the laws of the state of North Carolina, subject to the terms and conditions as set forth under section 4 of this agreement. Any violation of the provisions of this agreement shall give cause for Hope Restorations, Inc to proceed against the receiving party for appropriate action such as civil, criminal or administrative remedies.



This Agreement may be modified upon written agreement between the parties.

Executed as of the _____ day of _____ in the year _____.

Printed Name

Printed Name

Signature

Signature

Address

Address

Witness

Printed Name

Signature