



SOJOURNER TRUTH MINISTRIES, INC.

EMPLOYMENT APPLICATION

Please complete the entire application and submit with your resume.

Employer: Sojourner Truth Ministries, Inc.-Including House of Hope.

Address: 501 High St.

City/State/ ZIP: Williamsport, Pennsylvania, 17701

Telephone: (570) 323-1797

It is policy of Sojourner Truth Ministries, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, national origin, age, disability or veteran status.

1. Are you applying for a position with Sojourner Truth Ministries or House of Hope?

2. Applicant Information:

Applicant Full Name: _____

Home Address: _____

City/ State/ ZIP: _____

Number of years at this address: _____

Daytime Phone: _____ Evening Phone: _____

Mobile Phone: _____

3. Emergency Contact:

Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/ State/ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

APPLICANT INFO

4. Job Position Applied for: _____

Full or Part Time? _____

Who referred you to our Ministry? _____

Do you have any friends or relatives who work here? YES _____ NO _____

If yes, please list here:

Have you applied to our Ministry before? YES _____ NO _____

If yes, please when? _____

Are you at least 18 years old? YES _____ NO _____

Do you have access to reliable transportation? Employment may include varying hours and schedules.

YES _____ NO _____

5. Do you have any history of substance abuse? YES _____ NO _____

If so, how long have you been clean? _____

(Questions 6 and 7 are specific to the House of Hope)

6. Are you willing to work any shift, including nights and weekends? YES _____ NO _____

Day	I'm Available(times)	I'm not Available (times)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

7. If applicable, are you available and able to work extra hours or shifts with little or no advance notice?
 YES _____ NO _____

If No, please explain here:

8. If you are offered employment, when would you be available to begin work?

9. If hired, are you able to submit proof that you are eligible for employment in the United States?

YES _____ NO _____

Work Permit Info:

USCIS #: _____ Category: _____ Card #: _____

Valid from: _____ Card Expired: _____

10. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? YES _____ NO _____

What reasonable accommodation, if any, would you request?

11. Applicant Skills:

List any skills that maybe be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill.

(1 represents poor ability, while 5 represents exceptional ability.)

Skill	Years of experience	Ability or Rating
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5

12. Applicant employment History:

List your current or most recent employments first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City /State/ ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City /State/ ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City /State/ ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

13. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination. I authorize Sojourner Truth Ministries, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Chairperson of the board, the employment relationship will be “at-will”. In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for choice. Similarly, my employer will have the same right. Moreover, no agent, representative, or employee of Sojourner Truth Ministries, Inc. except in a specific written contract of employment signed on behalf of the organization by its Chairperson of the Board, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Name

Date

Applicant Signature

BACKGROUND INVESTIGATION RELEASE FORM

I, _____, hereby authorize House of Hope and /or agents to make an independent investigation of my background, reference, character, past employment, education criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained in my application and /or obtaining information, which may be material to my qualifications of residency, now and if applicable, during my tenure at House of Hope.

I release House of Hope and /or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above reference sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

Full Name (printed)

Signature

Date