

Application for Employment

It is the policy of **Refuge of Hope Ministries** to provide equal employment opportunities to all applicants and employees without regard to race, color, creed, sex, gender, national origin, age, disability, or veteran status.

PRINT or TYPE your information into this form. Deliver completed applications to the front desk at Refuge of Hope's main office.

This application must be fully completed to be considered for employment.

Personal Information

Na	me											
Ad	dress			(City			S	State	Zip		
Но	Home Phone Number Mobile Number					Email Address						
Are you legally authorized to work in the U.S.A. without sponsorship? Yes \(\subseteq \text{No} \subseteq \)					8	Are you willing to submit to a criminal background check if selected for employment? Yes \[\] No \[\]						
Do you know anyone currently employed by ROHM? Yes ☐ No ☐ If "yes" →						Employee Name				Relation to You		
Position												
Position You Are Applying For				A	Available Start Date			Desired Pay				
Type of Employment Desired Regular Staff			Seasonal/Temporary			Full Time			Part Time			
Sł	Shift Availability (Please check all that apply)											
			MON	TUE	٧	VED	THU	FRI		SAT		SUN
1 st : Morning - Afternoon												
2 nd : Afternoon - Evening												
3 rd : Overnight												
Days (Administrative/Office Only)												
E	ducation		1	1								
	School Name		Locat	ion		Did you graduate?				Degree Received		
					,	Yes [] N	No 🗌				
		Yes No		о 🗌								
					,	Yes No						
Skills (Please check all that apply)												
	Accuracy		Client Service			Communication			Following Procedures			
	Leadership		Microsoft Offic	e Suite		Tear	mwork		Timeliness			
Other Other				Other Other								
Experience (Please check all that apply)												
	Community Relations		Custodial/Hou			Meal Preparation				Housing/Rehousing		
	Maintenance & Repair		Fund Develop	ment		Retail Event Planning Temporary She			y Shelter			
	Other		Other			Othe	er			Other		

Employment History (Begin with current or most recent.)										
Employer (1)		Job Title	Start Date							
Work Phone		Manager/Supervisor Name	End Date							
Address		City	State	Zip						
Employer (2)		Job Title	Start Date							
Work Phone		Manager/Supervisor Name	End Date							
Address		City	State	Zip						
Employer (3)		Job Title	Start Date							
Work Phone		Manager/Supervisor Name	End Date							
Address		City	State	Zip						
Professional Refere	ences			L						
Name	Title	Company								
Certification and S	ignature									
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 the rejection of my application or, if employment commences, immediate termination. I authorize Refuge of Hope Ministries to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely 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 CEO, 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 reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Refuge of Hope Ministries, except in a specific written contract of employment signed on behalf of the organization by its CEO, 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 Name (Please Print) Signature										
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