

Please return this application and a resume (pdf format preferred) to: RachelTS@bridgeofhopeinc.org

**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

Full Name:

Full Address:

Phone Number: Email address:

Are you lawfully eligible for employment in this country? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

What position are you applying for?

List any experience, skills or qualifications that would equip you for this position:

**PROFESSIONAL REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year and whom we can call for references.

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| --- | --- | --- | --- | --- |
|  Name |  Phone Number |  Address |  Business |  Years  Acquainted |
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**CHURCH FAITH/COMMUNITY INFORMATION**

The mission of Bridge of Hope National is to engage Christian faith communities in ending family homelessness through neighboring relationships that demonstrate Christ’s love.

1. Please sign the following statement if it describes your personal experience and commitment:

*Bridge of Hope National is a Christian, faith-based organization which is funded by individuals and businesses who embrace the mission. Since Bridge of Hope is engaging Christian faith communities in ending family homelessness, I acknowledge that I have an active Christian faith commitment and am a part of a Christian community of faith. If employed by Bridge of Hope National, I would endeavor to demonstrate Christ's love in my work.*

 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you actively involved in a Christian faith community (ex: church, Bible Study, House-Church, etc.)? If so, please provide the name, address and pastor/leader’s name.

1. Why do you believe that Christian faith communities can be a resource for ending family homelessness?

**OTHER INFORMATION**

1. List any other information you want to share about community or church involvement, hobbies or special interests:

2. State any additional information you feel may be helpful to us in considering your application.

3. We require all employees to be vaccinated for COVID-19. Are you vaccinated?

 \_\_\_ Yes \_\_\_No

If no, do you have a valid medical or religious exemption?

\_\_\_ Yes \_\_\_No

It is understood and agreed that any misrepresentations by me in this application and the attached resume is grounds for cancellation of this application and/or termination from employment (if employed). Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of Bridge of Hope National has authority to make assurances to the contrary. I give Bridge of Hope National the right to investigate all references supplied and to secure additional information about me, if job related. I hereby release from liability Bridge of Hope National and its representatives for seeking this information and all other persons, corporations or organizations for furnishing this information.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_