

Beacon of Hope Services

5111 US Hwy 25/70 P.O. Box 877 Marshall, NC 28753 BohMarshall.org

JOB APPLICATION

PLEASE PRINT ALL INFORMATION.

Position

Applied for:				DATE:
First Name	M.I.		Last Name	
Street Address				
				a a =
City				State & Zip
Telephone:		Mobile #	t :	
Email Address:				
Have you been employed by BOH previously?	YES		NO	
Hourly Rate of Pay Desired:				
Are you currently employed?	YES		NO	
May BOH contact your current employer?	YES		NO	
Can you perform the essential functions of this job,				
as stated in the job description, with or without	YES		NO	
reasonable accommodations?				
What is the earliest date on which you could begin work a	t BOH?			
Trince is the earnest date on which you could begin work a	t DOIT.			

EDUCATION

School	Credits Earned		Diploma/Degree Or Other
(City and State)	Or # of Years Attended	Major	Or Other
H.S.			
College			

Technical/Other						
EMPLOYMENT HISTORY (b	egin with y	our most re	ecent)			
Name & Address Of Company	From MM/YYYY	To MM/YYYY	Job Title and description of wor	rk	Reason for Leaving	Name & Title of Your Supervisor
PERSONAL REFERENCES						
NAME	Address		Relationship to You		Phone #	
	1					

APPLICANT STATEMENT AND CONDITIONS OF EMPLOYMENT

(PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the answers given by me in this job application are true, correct, and complete, to the best of my knowledge. I agree that BOH shall not be liable in any respect if my employment is terminated because of misstatements or pertinent omissions made by me in this application.

I understand that an investigation (including, but not limited to, a background check) may be initiated by BOH to collect information regarding my character, employment history, personal references, criminal and DMV records, and other consumer records before any final offer of employment is made, and by signing below I give my written consent and authorization for BOH to make such inquiries. Upon a timely written request to the Executive Director of BOH, the nature and scope of the report(s) will be disclosed to me. And if I am dropped from employment consideration because of the content of the report(s), I understand that BOH is required to so inform me and to provide me with a copy of the relevant report(s).

In the event of employment by BOH, I will comply with the rules and regulations, and the personnel policy and procedures, as established and modified from time to time by BOH at its discretion. I understand that such rules and regulations, and personnel policy and procedures, do not constitute a contract of employment.

I understand and acknowledge that my employment with BOH is of an "At Will" nature, and that as such my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of BOH or myself. I also understand that no staff member, member of the Board of Directors, or any other representative of BOH other than the Executive Director, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the Executive Director.

During and after my employment at BOH I agree not to disclose any confidential information. I further agree that in regard to any civil litigation involving BOH in which I am a potential witness, and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the litigation with any third parties without first notifying BOH, or unless a representative of or an attorney for BOH is present.

A copy of this job application may be used as the original. The information provided herein, or coming from subsequent investigation, will be used for prudent hiring decisions.

This application is valid for sixty days from the application d	ate, unless renewed in person or in writing.
Applicant's signature	Date