



P.O. Box 406; Troy, PA 16947
www.oasisofhopeusa.org
(570) 673-4544

EMPLOYEE APPLICATION

Completion of this application assumes consent to provide the following information in consideration for employment at Oasis of Hope. Oasis of Hope does not discriminate based on the responses provided on this form. Your candid, factual, and complete responses assist us in proceeding with the process. All information will remain confidential.

APPLICANT INFORMATION

Date application was completed: _____

Name (First, Middle Initial, Last): _____

Date of Birth: _____ Gender: _____ Social Security Number: _____

Address: _____

Phone: _____ Email: _____

Position Applying For: _____ First Date Available: _____

Are you a citizen of the United States? ☐ Y ☐ N

If no, are you authorized to work in the United States? ☐ Y ☐ N

Have you ever worked with Oasis of Hope before? ☐ Y ☐ N

If so, when and how? _____

Have you ever been convicted of a felony? ☐ Y ☐ N

If yes, please explain. _____

Are you a former victim of sex trafficking? ☐ Y ☐ N

If yes, please explain. _____

HIGHEST LEVEL OF EDUCATION

School/College: _____

Address: _____

Did you graduate? ☐ Y ☐ N

Degree: _____ Years There: _____

REFERENCES

Please list two references and one pastoral reference.

Full Name: _____

Relationship: _____

Company: _____

Address: _____

Phone: _____ Email: _____

Full Name: _____

Relationship: _____

Company: _____

Address: _____

Phone: _____ Email: _____

Full Name: _____

Relationship: _____

Company: _____

Address: _____

Phone: _____ Email: _____

CURRENT OR PREVIOUS EMPLOYMENT

Company: _____

Address: _____

Phone: _____ Email: _____

Job Title: _____ Dates There: _____

Reason for Leaving (if applicable): _____

Responsibilities: _____

Supervisor: _____

Supervisor's Phone: _____ Supervisor's Email: _____

May we contact your supervisor for a reference?

☐ Y ☐ N



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Company: _____

Address: _____

Phone: _____ Email: _____

Job Title: _____ Dates There: _____

Reason for Leaving (if applicable): _____

Responsibilities: _____

Supervisor: _____

Supervisor's Phone: _____ Supervisor's Email: _____

May we contact your supervisor for a reference? ☐ Y ☐ N

MILITARY SERVICE

Branch: _____

Years Served: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, please explain: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

CHURCH AFFILIATION

Church: _____

Address: _____

Pastor's Name: _____

Pastor's Phone: _____ Pastor's Email: _____

STATEMENT OF FAITH

It is our policy that each employee understands our Statement of Faith.

We believe that there is one God, eternally existing in three persons: the Father, the Son, and the Holy Spirit (Deuteronomy 6:4; 2 Corinthians 13:14).

The Bible is the infallible Word of God, inspired by the Holy Spirit, and contains every answer to man's problems. (2 Timothy 3:16,17; 2 Peter 1:20,21)

We believe that Jesus Christ is "the way, the truth, and the life." (John 14:6)

We believe in the deity of Jesus Christ, His virgin birth, sinless life, miracles, death on the cross to provide for our redemption, resurrection, bodily ascension into Heaven, present ministry of intercession for us, and His return to earth in power and glory (John 1:1,14; Luke 1:26-38; 2 Corinthians 5:21; John 6:19; Romans 3:24; Matthew 28:6; Hebrews 8:1; Hebrews 7:25; Acts 1:11; Luke 21:27).

We believe that "Christ Jesus came into the world to save sinners" and can fully redeem and powerfully use even those who consider they have been "the worst." (1 Timothy 1:15)

Man is created in the image of God but separated from God by sin. Without Jesus we cannot have a relationship with God. (Genesis 1:26; 1 Timothy 2:5)

We believe "if we confess our sins, He is faithful and just and will forgive us our sins and purify us from all unrighteousness." (1 John 1:9)

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an employee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By signing, you are also agreeing to allow us to perform a criminal background check.

Signed: _____

Date: _____

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ADDITIONAL INFORMATION

Please list any additional information you think might be helpful. Include why you want to help at Oasis of Hope and how your talents may assist in the restoration of Oasis of Hope clients.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I understand that **Oasis of Hope Ministries** does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, citizenship, gender, age, disability or veteran's status. I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or a significant omission of fact may prevent me from being accepted, or if accepted, may subject me to immediate dismissal regardless of the time elapsed before discovery.

I authorize **Oasis of Hope Ministries** to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references or other individuals that know me and have knowledge regarding my testimony and work record. I also authorize **Oasis of Hope Ministries** to thoroughly investigate my work records and evaluations, my educational preparation, and other matters related to my suitability for the position.

I authorize references and my former employers to disclose to **Oasis of Hope Ministries** any and all employment records, performance reviews, letters, reports, and other information related to my life and employment without giving me prior notice of such disclosure. In addition, I hereby release **Oasis of Hope Ministries**, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I waive the right to ever personally view any references given to **Oasis of Hope Ministries**.

I understand and agree that any offer of acceptance that I may receive from **Oasis of Hope Ministries** is conditioned upon the receipt of background information, including criminal background information. The **Oasis of Hope Ministries** may refuse acceptance or terminate conditional acceptance if it deems any background information unfavorable or to reflect adversely on the ministry or on me as a Christian role model. I understand that this is only an application for volunteering and that no volunteering opportunity is being offered at this time. I certify that I have carefully read and do understand the above statements.

Signed: _____

Date: _____