

EMPLOYMENT APPLICATION



294 N. Fair Ave
Hamilton, OH 45014
Phone 513.868.7654
Fax 513.868.8091

Sojourner Recovery Services is an equal opportunity/affirmative action Employer. All qualified candidates will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL

last name	first	initial	social security number
			()
other name(s) used			home telephone number
			()
address	city	state	zip
			business/cell number

position applied for	referred by	salary expectations
Have you ever interviewed with Sojourner before? Y N		Are you at least 18 years old? Y N
Have you ever been employed by Sojourner? Y N		If yes, list date(s)/position(s) _____

Do you have any relatives employed by Sojourner? Y N		If yes, whom? _____

EDUCATION

high school	location	city/state	Did you graduate Y N
college/university	location	city/state	Did you graduate Y N
graduate school	location	city/state	Did you graduate Y N
vocational/business/other	location	city/state	Did you graduate Y N

LIST Licenses/Certifications: _____

EMPLOYMENT HISTORY

List all employers for the past 10 years, starting with the most recent. All information must be completed.

COMPANY NAME: _____ **PHONE:** _____
SUPERVISOR NAME: _____ **EMPLOYED FROM** ___/___/___ **TO** ___/___/___
ADDRESS _____
POSITION: _____ **ENDING SALARY** _____
REASON for LEAVING: _____

COMPANY NAME: _____ **PHONE:** _____
SUPERVISOR NAME: _____ **EMPLOYED FROM** ___/___/___ **TO** ___/___/___
ADDRESS _____
POSITION: _____ **ENDING SALARY** _____
REASON for LEAVING: _____

COMPANY NAME: _____ **PHONE:** _____
SUPERVISOR NAME: _____ **EMPLOYED FROM** ___/___/___ **TO** ___/___/___
ADDRESS _____
POSITION: _____ **ENDING SALARY** _____
REASON for LEAVING: _____

COMPANY NAME: _____ **PHONE:** _____
SUPERVISOR NAME: _____ **EMPLOYED FROM** ___/___/___ **TO** ___/___/___
ADDRESS _____
POSITION: _____ **ENDING SALARY** _____
REASON for LEAVING: _____

COMPANY NAME: _____ **PHONE:** _____
SUPERVISOR NAME: _____ **EMPLOYED FROM** ___/___/___ **TO** ___/___/___
ADDRESS _____
POSITION: _____ **ENDING SALARY** _____
REASON for LEAVING: _____

GENERAL

YES NO

If hired, will you be able to work overtime?

May we contact your current employer for references?

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A YES response does not automatically disqualify your application).

CERTIFICATION & AUTHORIZATION

The information contained in this employment application is true and correct. I understand that, in the event of my employment with Sojourner Recovery Services, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Sojourner Recovery Services, is intended to create an employment contract between myself and Sojourner Recovery Services under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or Sojourner Recovery Services at any time, and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

I authorize Sojourner Recovery Services to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Sojourner Recovery Services and will hold Sojourner Recovery Services and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Sojourner Recovery Services to obtain any credit and consumer check.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date