



THE SALVATION ARMY SWONEKY DIVISION
Application for Employment

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The Salvation Army has been established to provide humanitarian services consistent with the values and goals of the Christian faith. In this context, employment decisions made by The Salvation Army will be in accordance with the applicable federal, state and local law, with the understanding that The Salvation Army does not waive or otherwise relinquish any rights in the free exercise of religion guaranteed by the Constitution of the United States.

Name _____ Date of Application _____
(LAST) (FIRST) (INITIAL)

Address _____
(STREET) (CITY) (STATE) (ZIP)

Telephone Number _____ E-mail Address (optional): _____

If employed and you are under 18,
 can you furnish a work permit? Yes No

All offers of employment are conditioned upon verification by the applicant of authority to work in the United States. Such verification will be required only after an offer of employment is made.

Position Applied For: _____

Referral Source: Advertisement Employment Agency Walk-in
 Friend/Relative Specify: _____

On what date would you be available to work? _____

Are you available to work: Full-Time Part-Time Temporary Schedule: _____

EDUCATION:			
SCHOOL AND LOCATION (LIST SEPARATELY)	GRADUATED?		MAJOR COURSE OR SPECIAL INTERESTS
	YES	NO DEGREE	

Special Skills and Qualifications
 Summarize special skills and qualifications acquired from education, employment, or other experience: _____

Have you previously worked for The Salvation Army? Yes No If yes, please provide information below.

Salvation Army Location: _____ **Dates Worked:** _____ **Job Title:** _____

BUSINESS EXPERIENCE AND REFERENCES

(LIST MOST RECENT EMPLOYER FIRST)

NAME OF COMPANY			FROM		TO		Weekly Starting Salary	Weekly Last Salary	SUPERVISOR
			MO	YR	MO	YR			
ADDRESS			DESCRIBE BRIEFLY KIND OF WORK PERFORMED					YOUR JOB TITLE	
CITY								REASON FOR LEAVING	
STATE	ZIP CODE	TELEPHONE							

NAME OF COMPANY			FROM		TO		Weekly Starting Salary	Weekly Last Salary	SUPERVISOR
			MO	YR	MO	YR			
ADDRESS			DESCRIBE BRIEFLY KIND OF WORK PERFORMED					YOUR JOB TITLE	
CITY								REASON FOR LEAVING	
STATE	ZIP CODE	TELEPHONE							

NAME OF COMPANY			FROM		TO		Weekly Starting Salary	Weekly Last Salary	SUPERVISOR
			MO	YR	MO	YR			
ADDRESS			DESCRIBE BRIEFLY KIND OF WORK PERFORMED					YOUR JOB TITLE	
CITY								REASON FOR LEAVING	
STATE	ZIP CODE	TELEPHONE							

BUSINESS REFERENCES (NO RELATIVES)	ASSOCIATION TO YOU	TELEPHONE	LENGTH OF ACQUAINTANCE

ACKNOWLEDGMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and release The Salvation Army and my former employers from any liability that may result from disclosing information relating to me in the course of any such investigation. I understand this application does not necessarily mean I will be accepted for employment; that in the event of employment, false or misleading information given in my application or interview(s) may result in discharge; also, that I am required to abide by the personnel policies and practices as outlined in the Employee Manual of The Salvation Army Eastern Territory and the Employee Manual Addendum.

I understand that The Salvation Army Eastern Territory is an at-will employer.

Signature of Applicant

Date