

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### Contact Information

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

Are you a US Citizen? [ ] Yes [ ] No

Are you prevented from lawfully being employed in the USA because of visa or immigration status? [ ] Yes [ ] No

Have you ever been convicted of a felony? [ ] Yes [ ] No

If selected for employment are you willing to complete the child protection procedures as outlined in our staff handbook, which includes completing a form, responding to an interview, having references checked, being fingerprinted and participating in a CPR/First Aid class? [ ] Yes [ ] No

## EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certificates or licenses held: \_\_\_\_\_

List names of professional associations of which you are a member: \_\_\_\_\_

## EMPLOYMENT

Employer \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title/Work Description \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact them? [ ] Yes [ ] No

Name Of Employer \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title/Work Description \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact them?  Yes  No

Name Of Employer \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title/Work Description \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact them?  Yes  No

#### REFERENCES

List names of three persons not related to you who can give information about your background:

Name/Title	Address	Phone	Nature of Acquaintance

#### CHURCH AFFLIATION

Name and location of church where you are an active member:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

I authorize verification of information given.

I understand that any falsification, omission or misrepresentation will result in a rejection of this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date