

**ALTON BAY CHRISTIAN CONFERENCE CENTER**  
**An Equal Opportunity Employer**

PO Box 321  
 ALTON BAY, NH 03810  
 (603) 875-6161 Phone

**EMPLOYMENT  
 APPLICATION**

We do not discriminate on the basis of race, color, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you need more room for your answers. PLEASE PRINT, except for signature on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

All positions are for part-time / summer employment. When could you start work? \_\_\_\_\_

Last Name	First Name	MI	Social Security Number
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Home Address	City	State	Zip Code	Home Phone
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Summer Address	City	State	Zip Code	Summer Phone
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Are you 18 years of age or older? Yes  No

If under 18 years of age, give birth date \_\_\_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)?  
 If yes, please explain on the back of this sheet. Yes  No

Are you now or do you expect to be engaged in any other business or employment?  
 If yes, please explain on the back of this sheet. Yes  No

How many days of work have you missed this past year? (Except due to disability & FMLA) \_\_\_\_\_

For Maintenance Applicants only: Do you have a valid driver's license? Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?  
 If yes, please explain on the back of this sheet. Yes  No

List professional, trade, business, or civic activities and offices held. (You may exclude labor organizations and memberships which reveal race, color, national origin, sex, age, disability, or other protected status). \_\_\_\_\_

LIST NAME AND ADDRESS OF SCHOOLS ATTENDED	Years Completed	Degree Certificate	Subject Focus
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High School or GED _____			
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College or University _____			
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Vocational or Technical _____			
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What skills or additional training do you have that relate to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give business name and supply references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title and Duties \_\_\_\_\_  
 Dates of Employment (Mo/Yr)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title and Duties \_\_\_\_\_  
 Dates of Employment (Mo/Yr)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Pay:  Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title and Duties \_\_\_\_\_  
 Dates of Employment (Mo/Yr)  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Pay:  Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Have you worked or attended school under any other name? Yes  No   
 If yes, give name: \_\_\_\_\_  
 Are you presently employed? Yes  No   
 If yes, whom do you suggest we contact? \_\_\_\_\_  
 Have you ever been fired from a job or asked to resign? Yes  No   
 If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers (one must be your Pastor and if selected for an interview, you must bring a reference from your Pastor)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church you attend \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Church Activities you participate in: \_\_\_\_\_

Give a brief statement of your personal faith: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current or past employers and organizations to provide information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR EMPLOYER'S USE ONLY

Interview Date: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Method of Payment

Salary

Hourly

Hourly Rate \$ \_\_\_\_\_

Weekly Rate: \_\_\_\_\_