

Application for Employment

Long Form

Instructions: It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

Name _____ Phone (____) _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Position applied for _____

Social Security # _____

Shift preferred 1 2 3 Any

Expected pay _____

Would you accept full-time work? Yes No

Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here? No Yes

If yes, please give dates _____

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the United States? No Yes (If yes, proof is required if hired.)

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond.

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? No Yes

If yes, please explain _____

Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

Employment Experience

Place an **X** by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

Employer _____
Contact Name _____
Address _____ Phone (_____) _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) ___/___ to (mm/yy) ___/___ Hourly rate/salary: starting ___/___ final ___/___
Work performed _____
Reason for leaving _____

Employer _____
Contact Name _____
Address _____ Phone (_____) _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) ___/___ to (mm/yy) ___/___ Hourly rate/salary: starting ___/___ final ___/___
Work performed _____
Reason for leaving _____

Employer _____
Contact Name _____
Address _____ Phone (_____) _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) ___/___ to (mm/yy) ___/___ Hourly rate/salary: starting ___/___ final ___/___
Work performed _____
Reason for leaving _____

Employer _____
Contact Name _____
Address _____ Phone (_____) _____
Job Title _____ Supervisor _____
Dates employed: from (mm/yy) ___/___ to (mm/yy) ___/___ Hourly rate/salary: starting ___/___ final ___/___
Work performed _____
Reason for leaving _____

Educational Background

High School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational Training/Other: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Applicant's signature _____ Date ____/____/____

Date: _____

New Staff Questionnaire

Name _____ Position _____

1. What is your opinion and belief concerning the Bible? What role does it play in our lives, the life of our church and culture?
2. When you die will you go to heaven? If yes, what would you say to God so He will let you into heaven?
3. What should be the church's stand on the issue of abortion?
4. What should be the church's stand on the issue of homosexuality?
5. Should those serving on the staff live a different life style from other Christians (Church Members)? Should they live a different life style from those in the community who are not Christians?

Are you an active member of a Christian Church? Yes / No *(circle one)*
(Active is defined as attending 3 to 4 Sundays a month.)

Name, address and phone of the church you attend: *(if not Mount of Olives)*

Name _____

Address _____

Pastor's Name _____

Church phone number _____

Date: _____

How long have you attended? _____

Are you a member in good standing? _____

May we contact the Pastor concerning your spiritual development? Yes/ No (*circle one*)

If No, why? _____

Name (signature)

Date