



EMPLOYMENT APPLICATION

Legal Name: _____

Last Suffix First Middle Nickname

Are you over the age of 18? Yes: _____ No: _____ Date of Birth: _____

If you are under the age of 18 do you have an employment /age certificate? Yes: _____ No: _____

Present address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail Address _____

Social Security Number: _____ Driver's License Number: _____ State Issued: _____

Qualifications:

Academic achievements: (Schools attended, degrees earned, dates of completion)

Continuing education completed: (Courses taken, dates of completion)

Professional Organizations: (List any in which you have membership)

First Aid training? Yes _____ No _____ Date Completed _____

CPR training? Yes _____ No _____ Date Completed _____

Previous Work Experience: Please list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of company/ employer, the name of your immediate supervisor, and the dates you were employed in each position. (use a separate sheet of paper if necessary) _____

Previous Volunteer Experience: Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

Do you have a relative working at FCCM? _____ If yes, please list employee name: _____
and relationship to employee: _____.

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?

No _____ Yes _____

If yes, please explain: _____

References: Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

1. Name: _____
Address: _____
Daytime Phone: _____ Cell Phone: _____
Evening Phone: _____ E-Mail Address: _____
Length of time you have known reference: _____
Relationship to reference: _____

2. Name: _____
Address: _____
Daytime Phone: _____ Cell Phone: _____
Evening Phone: _____ E-Mail Address: _____
Length of time you have known reference: _____
Relationship to reference: _____

3. Name: _____
Address: _____
Daytime Phone: _____ Cell Phone: _____
Evening Phone: _____ E-Mail Address: _____
Length of time you have known reference: _____
Relationship to reference: _____

Waiver and Consent:

I, _____, hereby certify that the information I have provided on this application for employment is true and correct. I authorize First Christian Church Ministries to verify the information I have provided on this application by contacting the references, employers and organizations I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed now and at any time during which I am employed at FCCM. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality. In the event that my application is accepted and I become employed by First Christian Church, I agree to abide by and be bound by the policies of First Christian Church and to refrain from inappropriate conduct in the performance of my duties on behalf of First Christian Church. I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of Applicant _____
Date

Position Applying Date available to start: _____