

EMPLOYMENT APPLICATION



INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1. Please read "APPLICANT NOTE."
2. Complete both sides of this form.
3. Print clearly; incomplete or illegible applications will not be processed.
4. Do not fill out any other attached forms until instructed.

TODAY'S DATE: _____

NAME: _____ Last First M.I.

HOME PHONE: _____ WORK PHONE: _____

MOBILE PHONE: _____ E-MAIL _____

CURRENT ADDRESS: _____ Street City State Zip

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, national origin, the presence of disabilities, status with regards to public assistance, or any other characteristic protected by law. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to be examined by a medical professional designated by the company. This application applies only to the position specified. It is considered inactive after 90 days.

AVAILABILITY

For which position are you applying? _____

Are you legally able to work in the United States? [] Yes [] No Are you under the age of 18? [] Yes [] No

What date can you start _____ Which category would you prefer? [] Full-time [] Part-time [] Temporary

Are you able to meet the attendance requirements of the position? [] Yes [] No

What is your desired salary range? \$ _____

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

Table with 3 columns: NAME, CITY/STATE, GRADUATE? and rows for High School, College, Other.

JOB-RELATED SKILLS

- [] Yes [] No Have you received a job description or had the requirements of the job explained to you?
[] Yes [] No Do you understand these requirements?
[] Yes [] No Can you perform the requirements of this job with or without reasonable accommodation?

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. (use the back of this form if you need more space)

[] Yes [] No If the job requires, do you have the appropriate valid driver's license? DL# _____ Type _____ State of Issue _____

FAITH STATEMENT

Please write a brief statement of your Christian faith and experience. (Include a summary of your involvement in church activities. Attach additional page if necessary.)

Blank lines for writing the faith statement.

What church community are you a part of? _____

POSITION APPLYING FOR

DATE

MIDDLE

FIRST

LAST

NAME

EMPLOYMENT REFERENCES

Your application will not be considered unless every question is answered. Since we will make every effort to contact previous employers, the correct *telephone numbers of past employers are critical.*

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer?	<div style="border: 1px solid black; padding: 2px; text-align: center;">()</div>
	Company Name _____ City _____ State _____ Phone Number _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____	
	Duties _____ <input type="checkbox"/> Annually \$ _____ <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____	
SECOND MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer?	<div style="border: 1px solid black; padding: 2px; text-align: center;">()</div>
	Company Name _____ City _____ State _____ Phone Number _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____	
	Duties _____ <input type="checkbox"/> Annually \$ _____ <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____	
THIRD MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer?	<div style="border: 1px solid black; padding: 2px; text-align: center;">()</div>
	Company Name _____ City _____ State _____ Phone Number _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____	
	Duties _____ <input type="checkbox"/> Annually \$ _____ <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____	

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

CERTIFICATION

I certify the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs is prohibited during my employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am employed, my employment shall not be construed as being for any definite period of time, but will be for an indefinite period, terminable at will by Church of the Open Door or me.

RELEASE

I authorize all persons, schools, companies, former employers and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, former employers and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant Name (please print) _____
First Last

Signed _____ Dated _____
(month/day/year)