



**Application for Employment**

**PLEASE READ THIS APPLICATION THOROUGHLY AND COMPLETE IT HONESTLY. THIS EMPLOYER PERFORMS A DETAILED BACKGROUND INVESTIGATION ON ALL FINAL CANDIDATES.**

**Important Notice:** Applicants should be extremely careful as they complete this application. This Church utilizes a pre-employment investigation process. Should this process determine any inaccurate or incomplete information, it will cause you to be either disqualified for employment with Davis Community Church as an applicant, or be grounds for termination if the inaccuracies are discovered subsequent to your employment. Accordingly, we strongly suggest that you NOT complete this application until you have the requisite time and accurate information to do so.

Davis Community Church is an equal opportunity employer and will not discriminate against any employee or applicant on the basis of race, color, religion, creed, national origin, ancestry, sex, gender, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, gender identity, gender expression, marital status, or any other legally recognized protected basis under federal, state, or local law. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Applicants with disabilities or sincerely held religious beliefs may be entitled to reasonable accommodation under the Americans with Disabilities Act, California’s Fair Employment and Housing Act, and local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Davis Community Church. Please inform the Church’s personnel representative if you need assistance completing any forms or to otherwise participate in the application process, or if you need an accommodation due to disability or sincerely held religious beliefs in order to perform the essential functions of the position you are applying for.

Employment is conditioned on the successful completion of the screening program. The information sought on this form is given voluntarily and may be used in filing reports required by state or federal governments.

Position(s) applied for: _____	Application Date _____
Type of employment desired: _____ full-time	_____ part-time _____ temporary

**APPLICANT NAME:** \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

How did you learn about us?	<input type="radio"/> Advertisement	<input type="radio"/> Employment Agency
	<input type="radio"/> Friend/relative	<input type="radio"/> Walk In
	<input type="radio"/> Web	<input type="radio"/> Other

- Are you able to meet the attendance requirements?  Yes  No
- Would you be available to work overtime if necessary?  Yes  No
- Can you work evenings and weekends?  Yes  No
- Have you ever been previously employed by Davis Community Church?  Yes  No
- If hired, can you show proof that you may legally work in the USA?  Yes  No
- If you are under 18, can you furnish a work permit if it is required?  Yes  No
- May we contact your current employer?  Yes  No
- Are you able to travel if required for your job duties?  Yes  No

Date you will be available to start work: \_\_\_\_\_

Salary Requirements \_\_\_\_\_ / \_\_\_\_\_

**Employment History**

Please provide all employment information for the past five years of employment starting with the most recent or present employer. You may use another sheet if necessary.

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job summary: \_\_\_\_\_

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

May we contact? Yes No If not, why? \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job summary: \_\_\_\_\_

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

May we contact? Yes No If not, why? \_\_\_\_\_

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Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job summary: \_\_\_\_\_

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

May we contact? Yes No If not, why? \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job summary: \_\_\_\_\_

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

May we contact? Yes No If not, why? \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Immediate supervisor and title: \_\_\_\_\_

\_\_\_\_\_ Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

Job summary: \_\_\_\_\_

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

May we contact? Yes No If not, why? \_\_\_\_\_

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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

**Educational History**

List school name and location, course of study number of years and units completed, and any degrees earned:

	<b>Name and Address of School</b>	<b>Course of Study</b>	<b># Years / #Units Completed</b>	<b>Diploma Degree</b>
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (specify)</b>				

**Licenses/Certificates**

Answer the following questions if you are applying for a position that requires a license or certification.

Are you licensed/certified for the job applied for?  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing State/Agency: \_\_\_\_\_

License/certification number: \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

Has your license/certification ever been revoked or suspended?     Yes  No

If yes, state the reason(s), date of revocation or suspension and date of reinstatement.

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

**REFERENCES**

List 3 people who can comment on your character and work habits, including telephone numbers, and years known (do not include relatives or employers):

1.	( )
(Name)	Phone #
(Address)	( )
(Name)	Phone #
(Address)	( )
3.	( )
(Name)	Phone #
(Address)	

Please comment on why we should consider you for employment: \_\_\_\_\_

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

**APPLICANT NAME:** \_\_\_\_\_

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

I authorize Davis Community Church and its representatives to contact my prior employers and all others (with the exception only if I have marked "May we contact?" on Pages Nos. 2-4 of this application as "No") for the purpose of verification of the information I have supplied and release the same from any liability resulting from information learned during that process.

\_\_\_\_\_ Initials

I hereby authorize Davis Community Church to contact, obtain, and verify the accuracy of information contained in this application from all educational institutions and references.

\_\_\_\_\_ Initials

I also hereby release from liability the Davis Community Church and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

\_\_\_\_\_ Initials

I understand that Davis Community Church does not discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by law.

Are you able to perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation?  Yes  No

If no, please describe the function that you cannot perform: \_\_\_\_\_

I also understand that I will be required to provide proof of a current clear DMV report if I am required to drive as a component of my job with Davis Community Church. I hereby authorize Davis Community Church to verify the validity of my driver's license at any time during my employment if I am required to drive in the course of my job with Davis Community Church.

\_\_\_\_\_ Initials

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

\_\_\_\_\_ Initials

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I, or the Davis Community Church can terminate the relationship at will, with or without cause, with or without notice.

MY SIGNATURE MEANS THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*Please Note: Davis Community Church maintains applications on active file only for a 6-month period. If you wish to be considered after a 6-month period, please re-apply.*