



EMPLOYMENT APPLICATION

PERSONAL

Last Name	First Name	Middle Nai	me	Date of app	lication			
Address		City, State and Zip Code						
Contact Phone Number	Daytime Phone Number							
If you have used a name other than the one listed above during the past five years, please list it here.								
Are you 18 years of age or older?								
Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? \Box Yes \Box No \Box If no, please explain (use a separate sheet if necessary).								
Are you a United States citizen or alien legally authorized to work in the United States? ☐ Yes ☐ No								
Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration for employment. Yes, please explain fully on a separate sheet No								
Position and Availability								
What position are you seeking?			□ Full-time		Date you would be available:			
			☐ Part-time, what days and hours are you available:					
Background								
Please provide the following information concerning your church attendance over the past five years:								
Current Church	Dates Attended		Address		Phone			
Previous Church								
Previous Church								

EMPLOYMENT HISTORY

List your last 3 employers beginning with your current or most recent employer:

Current or Last Employer			Address, City, State, Zip					
Position			Supervisor or Contact Person for Reference	Telephone number				
Beginning Date (m/y)	Ending Date (m/y)	Reason for leaving						
Please describe your duties:								
Employer			Address, City, State, Zip					
Position			Supervisor or Contact Person for Reference	Telephone number				
Beginning Date (m/y)	Ending Date (m/y)	Reason for leaving						
Please describe your duties:								
Employer			Address, City, State, Zip					
Position			Supervisor or Contact Person for Reference	Telephone number				
Beginning Date (m/y)	Ending Date (m/y)	Reason for leaving						
Please describe your duties:								

EDUCATION

Circle the highest grade completed: 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

List all schools, beginning with high school:							
School	City/State	Dates Attended (m/y)	Graduate?	Degree/Major			
		From: To:					
			□ yes □ no				
			☐ yes ☐ no				
			yes - no				
			□ yes □ no				
			□ yes □ no				
		•	<u>, </u>				
		TRAINING AND EXPERIEN	CE				
	dere a color and a color						
List any ad	ditional training or experie	nce you nave nad that qua any professional license o		sition you are seeking,			
	including	any professional license of	or certification:				
		Personal References					
	st below two personal refe		-	list relatives.			
Name	1.	2.					
Company Name							
Title							
Email Address							
Telephone							
		_					
ADDITIONAL INFORMATION							
Attach additional sheets if necessary to summarize any additional information necessary to describe your full							
qualifications for the specific position for which you are applying.							
Applicant's Sign	ature		Date				