

# APPLICATION FOR EMPLOYMENT



Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

## PERSONAL INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Home Phone</b>
<b>Present Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Social Security Number</b>	<b>Name and phone number of the person to be notified in case of emergency</b>		

<b>Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you have the legal right to work and be employed in the U.S.?</b> <small>(Proof of identity and legal authority to work in the U.S. is a condition of employment.)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Are you at least age 18?</b> <small>(Proof of age and work permits may be required prior to hiring)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you have a reliable means of transportation to and from work?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## EDUCATION

	Name of School and Address	Graduated (Yes/No)	Number of Years	Course or Major	Grade Point Average
Junior High					
High School					
College					
Other					

Extracurricular Activities (You may omit those which indicate your race, color, religion, sex, national origin, ancestry, age or the existence of a disability.)
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Have you ever worked for this Ministry before? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
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**The Ministry is an equal opportunity employer. The Ministry does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.**

## GENERAL INFORMATION

Date available to start:	Full-time or Part-time?								
Days and Hours	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">Sunday</td> <td style="text-align: center;">Monday</td> <td style="text-align: center;">Tuesday</td> <td style="text-align: center;">Wednesday</td> <td style="text-align: center;">Thursday</td> <td style="text-align: center;">Friday</td> <td style="text-align: center;">Saturday</td> </tr> </table>	DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Available	From: _____								
to Work	To: _____								
What interested you in the Ministry?									
What are your hobbies, special interests, and activities? (Please omit those indicating race, color, religion, sex, national origin, ancestry, age, or the existence of a disability.)									
Have you ever been convicted of a crime other than a traffic violation?* <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> <small>(NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)</small>									
If Yes, please explain and state the charge, the court, the date of the conviction, and the disposition of the case: _____ _____									

## EMPLOYMENT/VOLUNTEER EXPERIENCE

<b>Please list all of your jobs in the past five years.</b> (If applicable, you may list work performed on a voluntary basis. If additional pages are needed, please attach.)			
<b>Ministry No. 1</b> (present or most recent employer)		Address Telephone Number	
Employed (Month and Year)	Rate of Pay	Average Number of Hours	
From                      To	Start                      Ending	Worked Per Week:	
Position(s) Held:		Supervisor's Name	
		and Position	
Describe all of your significant duties:			
May we contact this employer? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>			
Reason for leaving:			

\* Note: Some states limit the types of crimes (e.g., felonies) for which information can be sought and the time frame during which employers can inquire about convictions.

## EMPLOYMENT/VOLUNTEER EXPERIENCE (Continued)

<b>Ministry No. 2</b> (present or most recent employer)		Address		Telephone Number
Employed (Month and Year) From                      To		Rate of Pay Start	Ending	Average Number of Hours Worked Per Week:
Position(s) Held:			Supervisor's Name	
and Position				
Describe all of your significant duties:				
May we contact this employer? <b>Yes</b> ✓ <b>No</b> ✓				
Reason for leaving:				

<b>Ministry No. 3</b> (present or most recent employer)		Address		Telephone Number
Employed (Month and Year) From                      To		Rate of Pay Start	Ending	Average Number of Hours Worked Per Week:
Position(s) Held:			Supervisor's Name	
and Position				
Describe all of your significant duties:				
May we contact this employer? <b>Yes</b> ✓ <b>No</b> ✓				
Reason for leaving:				

<b>Please identify and explain all periods of unemployment during the last five years:</b>		
From	Unemployment	To                      Reason for
_____		
_____		
_____		

**I hereby certify** that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Ministry unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Ministry contacts, to provide the Ministry any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Ministry as well as from any use or disclosure of such information by the Ministry or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Ministry. *I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Ministry. I understand that no employee or representative of the Ministry, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the president of the Ministry may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written, or collateral agreements regarding this issue.*

I also understand that all offers of employment are conditioned on the Ministry's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of a post-offer medical examination.

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Signature of Applicant

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Date

**AN EQUAL OPPORTUNITY EMPLOYER**