

## **Grace Education Ministries Employee Application**

615 N. 22<sup>nd</sup> Street Lafayette, Indiana 47904 765-447-2204 Fax: 765-448-3090

gdc@lafgraceumc.org

| Applicant's Name:                     |                      |                  |   |
|---------------------------------------|----------------------|------------------|---|
| Address:                              |                      |                  |   |
| Phone:                                | E                    | mail:            |   |
| Date of Birth: Position Applying for: |                      |                  | _ Date available to start:              |
| Are you employed now: Y/              | N Previous Grace Emp | oloyee: Y/ N     | Are you related to an employee: Y/N     |
| High School:                          |                      |                  | Graduation Year:                        |
| College:                              |                      |                  | Graduation Year:                        |
| Trade/Business School:                |                      |                  | Graduation Year:                        |
| Special Qualifications/Tale           | nts/Interests:       |                  |   |
| U.S. Military/Naval Service: Y/N      |                      | A                | ctive National Guard/ Reserve Duty: Y/N |
|                                       | <u>Former E</u>      | <u>imployers</u> |   |
| Name:                                 |                      | Position: _      |   |
| Salary:                               | Reason for Leaving:  |                  |   |
| Name:                                 |                      | Position: _      |   |
| Salary:                               | Reason for Leaving:  |                  |   |
| Name:                                 |                      | Position: _      |   |
| Salary:                               | Reason for Leaving:  |                  |   |
| Name:                                 |                      | Position: _      |   |
| Salary:                               | Reason for Leaving   |                  |   |

## References

| Name:                                | Phone:   |
|--------------------------------------|--|
| Address:                             | Email:   |
| Professional Reference/How/H         | ow long:   |
| Name:                                | Phone:   |
| Address:                             | Email:   |
| Professional Reference/How/H         | ow long:   |
| Name:                                | Phone:   |
| Address:                             | Email:   |
| Professional Reference/How/H         | ow long:   |
|                                      | Physical Record  |
| Do you have any physical limitati    | ons or health concerns which might affect your job performance? Y/N  |
| Please describe:                     |  |
| In case of Emergency, notify: _      |  |
| •                                    | ed in this application are factual and complete and to the best of my employed, falsified statements on this application shall be grounds for dismissal. |
| I authorize investigation of all sta | atements contained herein and the references listed above give Grace   |
| - · · ·                              | evious employment, plus any other pertinent information, and release<br>ty for damage that may result from furnishing same to you.                       |
| ignature                             | Date:  |

Grace is an equal opportunity Employer.