Application for Employment

Applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, presence of a non-job-related medical condition or handicap, or any other legally protected status. EOE.

Asbury CDC

2801 W. 15th St N. Wichita, KS 67203

316-942-4490 Janelle Dean, Director

Janelle.dean@asburychurch.org

(Please Print)

Last Name	First Name		Date
Address		City, Zip	Email Address
Social Sec. #	Position Desired	Pay Expected	Work Phone
Are you legally eligible for employment in the U.S.?	When can you begin working?	Will you work overtime if requested?	Mobile Phone
Are you currently employed?	Do you have reliable transportation?	Do you know anyone who works/worked for us?	

Education

	Name of School and Location (City, State)	Course of Study	# of Years Completed	Degree or Diploma
High School				
Trade/Tech				
College				

Other special training or skills
What foreign languages do you speak fluently?
Membership in Professional/Civic Organizations (Exclude any which may disclose race, religion or national origin)
Any special job-related skills or qualifications
Do you have any physical condition which might limit your ability to lift children or perform any function of the job you are applying for?
Have you been convicted of a felony?

Employment Experience (Present, or most recent, job first)

Company Name	Telephone # ( )
dress City / State / Zip	Dates Employed From / To /
Supervisor	Hourly Pay Rate Starting $ Final $
Job Title(s)	Reason for Leaving
Description of Work	
Company Name	Telephone # ( )
Address City / State / Zip	Dates Employed From / To /
Supervisor	Hourly Pay Rate Starting $ Final $
Job Title(s)	Reason for Leaving
Description of Work	
Company Name	Telephone # ( )
Address City / State / Zip	Dates Employed From / To /
Supervisor	Hourly Pay Rate Starting $ Final $
Job Title(s)	Reason for Leaving
Description of Work	

Personal / Professional References (other than Relatives or Previous Employers)

Name / Occupation	**Name / Occupation**	**Name / Occupation**
Address	Address	Address
City / State / Zip	City / State / Zip	City / State / Zip
Telephone #	Telephone #	Telephone #
E-mail Address	E-mail Address	E-mail Address
Relationship / Years Known	Relationship / Years Known	Relationship / Years Known

Signed: **Date:**

Applicant's Statement

The information given in this Application is true, correct and complete. If employed, any false or misleading information or omission of facts might result in discharge. I authorize investigation of all information I have given and of my credit, personal and employment history, as may be necessary in making an employment decision. I understand that any employment I accept does not create a contractual obligation upon the employer to continue my employment in the future. I understand I am required to abide by all the rules and regulations of the employer.