Oasis Worship & Food Center APPLICATION FOR EMPLOYMENT

Please Print		Date					
	1. PERSONAL	L					
Name - Last First M. I. Are you 16 years or older? Yes No DOB							
Social Security #	Phone: Home () Daytime ()						
Street Address	Cell Phone: ()						
City State Zip Code	City State Zip Code			Email:			
Other Names Used: 2. POSITION APPLIED FOR							
	р 🗆	Date Available Salary Expected					
Hours Available		Are you able to work	overtime?	Yes No			
Have you ever worked for OFC before? If yes, dates em	ployed.	Where?					
Position Su	Position Supervisor						
3. PREVIOUS EMPLOYMENT (List most recent expe			d, please atta	ch a separate page	9.		
Name, Address & Telephone # of Previous Employer	Job Title & Duties	s Performed Dates		Date			
	Starting Position	Wage		From To	•		
	Ending Position	Wage					
Immediate Supervisor:		- 0 -					
May we contact? Yes No No	Duties:						
Reason for leaving:				1			
Name, Address & Telephone # of Previous Employer	Starting Position	Wage		From To	,		
	Ending Position	Wage					
Immediate Supervisor:							
May we contact? Yes No No	Duties:						
Reason for leaving:							
Name, Address & Telephone # of Previous Employer	Starting Position	Wage		From To	,		
	Ending Position	Wage					
	-						
Immediate Supervisor:	Duties						
May we contact? Yes No	Duties						
Reason for leaving:							
4. EDUCATION ool - Circle highest year completed: 6 7 8 9 10 11 12 Completed G.E.D.? Yes I No I							
Name University, College, or Business School & Location	Major Subject	No. Years Completed	No. Units Completed	Diploma/ Degree or Certificate	Date Graduated		
Employment Related Education or Training							
Course Title	Name of School or Organization No. Hours Date			Date			

	5. REFERENCES						
List three persons who can give information about your work experience, skills, character, and abilities (at least 2 references must be past employers or professionals):							
Name	Address	Telephone	Nature of Acquaintance				
6. PROFESSIONAL AND TECHNICAL QUALIFICATIONS							
 A. List work-related licenses or certificates of competence held: B. Have you ever had a professional or work-related license revoked or suspended? Yes No I If the answer to the above question is yes, please explain (attach extra paper if necessary): 							
C. Names of professional associations of which you are a member:							
7. OTHER INFORMATION							
Can you perform the essential functions of this position with or without reasonable accommodation? Yes \Box No \Box							
Have you ever been accused of, participated in, or been convicted of sexual misconduct? Yes D No D							
Except for minor traffic offenses, have you ever been convicted of a criminal offense, or entered a plea of "Guilty," "No Contest" or had a withheld judgment to a criminal offense? Yes \Box No \Box							
If the answer to the above question is yes, please list all and explain (attach extra paper if necessary) :							
Are you legally eligible for employment	t in the U.S.? Yes 🗆 No 🗆	Yes No I If hired, can you show proof of authorization to work in U.S.? Yes No I					
Do you possess a valid Idaho driver=s		If No, can you get one within 30 days? Yes 🗌 No 🗌					
Has your driver's license ever been suspended or revoked? Yes 🛛 No 🖾 If Yes, please explain:							
My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief, and I understand that intentionally giving false information may result in refusal of employment or termination of employment if discovered after the date of hire. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character and qualifications. I understand that information obtained from the above persons or others will be used for the purpose of making employment related decisions and that the results will be kept strictly confidential.							
I also understand and agree that if hired, my employment is for no definite period and either the employer or I may terminate our relationship at will at any time without notice or reason and that this employment application does not constitute an employment contract.							
Signature		Date					
Oasis Worship & Food Center 13 th & Fillmore Caldwell, ID 83605 208-459-6000 FAX 208-459-6006	r Offices 3211 Fircrest Ave Caldwell, ID 83605 Email:owc@oasiswc.org www:oasiswc.org	1					