



New Employee Application Form

Please complete all sections below. Print clearly and use additional sheets if necessary.

A. Personal Information

- Name: (First) _____ (MI) _____ (Last) _____
- Address: _____ City: _____
- Zip: _____ Home #: _____ Cell #: _____
- Email Address (please print): _____
- Birthdate: _____ Social Security #: _____
- Are you a US Citizen? ☐ Yes ☐ No
- Have you ever been convicted of a felony? ☐ Yes ☐ No
- If selected for employment, are you willing to submit to a pre-employment drug screening test?
 - ☐ Yes ☐ No

B. Education

- School Name: _____ Location: _____
- Years Attended: _____ Major: _____
- Degree(s) Received: _____
- 2. School Name: _____ Location: _____
- Years Attended: _____ Major: _____
- Degree(s) Received: _____
- Other Training: Certificates/License/CEU's Held:

Certificate/License/CEU Name	Issuing Organization	Year Obtained



(904)-454-1274



www.providencewarriors.org



office@providencewarriors.org



17356 US Hwy 301 N., Starke, FL. 32091





C. Previous Work Experience

1. Employer: _____ Dates Employed: _____

- Phone: _____ Address: _____
- City: _____ State: _____ Zip: _____
- Position: _____
- Duties Performed: _____

- Supervisor's Name & Title: _____
- Reason(s) for Leaving: _____

May we contact them? ☐ Yes ☐ No

2. Employer: _____ Dates Employed: _____

- Phone: _____ Address: _____
- City: _____ State: _____ Zip: _____
- Position: _____
- Duties Performed: _____

- Supervisor's Name & Title: _____
- Reason(s) for Leaving: _____

May we contact them? ☐ Yes ☐ No



(904)-454-1274



www.providencewarriors.org



office@providencewarriors.org



17356 US Hwy 301 N., Starke, FL 32091





3. Employer: _____ Dates Employed: _____

- Phone: _____ Address: _____
 - City: _____ State: _____ Zip: _____
 - Position: _____
 - Duties Performed: _____

 - Supervisor's Name & Title: _____
 - Reason(s) for Leaving: _____

- _____ May we contact them? [] Yes [] No

References

1. Name: _____ Title: _____
 - Relationship: _____ Phone: _____
2. Name: _____ Title: _____
 - Relationship: _____ Phone: _____
3. Name: _____ Title: _____
 - Relationship: _____ Phone: _____



(904)-454-1274



www.providencewarriors.org



office@providencewarriors.org



17356 US Hwy 301 N., Starke, FL. 32091





Spiritual Walk

1. When did you come to know Christ?

2. Where and how are you serving Christ today?

3. Where do you currently worship/consider yourself a member?

Acknowledgement & Authorization

- _____ I certify that all answers given herein are true and complete to the best of my knowledge.
- _____ I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision.
- _____ In the event of employment, I understand that false or misleading information given in my application or interview may result in dismissal.

Signature of Applicant: _____ Date: _____



(904)-454-1274



www.providencewarriors.org



office@providencewarriors.org



17356 US Hwy 301 N., Starke, FL. 32091

