

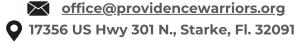


New Employee Application Form

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

Name: (First)	(MI)	(Last)	
Address:		City:	
Zip: Home	e #:	Cell #:	
Email Address (please print	t):		
Birthdate:	Social Securit	y #:	
Are you a US Citizen? [] Yes			
Have you ever been convict	ted of a felony? [] Yes [] No		
If selected for employment	, are you willing to submit to	o a pre-employment drug screening t	
o [] Yes [] No			
Education			
School Name:	Location:		
Years Attended:	Major:		
Years Attended: Degree(s) Received:	Major:		
Years Attended: Degree(s) Received: 2. School Name:	Major:	Location:	
Years Attended: Degree(s) Received: 2. School Name: Years Attended:	Major: Major:	Location:	
Years Attended: Degree(s) Received: 2. School Name: Years Attended: Degree(s) Received:	Major: Major:	Location:	
Years Attended: Degree(s) Received: 2. School Name: Years Attended:	Major: Major:	Location:	
Years Attended: Degree(s) Received: 2. School Name: Years Attended: Degree(s) Received: Other Training: Certificates	Major: Major:	Location:	
Years Attended: Degree(s) Received: 2. School Name: Years Attended: Degree(s) Received: Other Training: Certificates	Major: Major: /License/CEU's Held:	Location:	
Years Attended: Degree(s) Received: 2. School Name: Years Attended: Degree(s) Received: Other Training: Certificates	Major: Major: /License/CEU's Held:	Location:	
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Years Attended: Degree(s) Received: 2. School Name: Years Attended: Degree(s) Received: Other Training: Certificates	Major: Major: /License/CEU's Held:	Location:	
Years Attended: Degree(s) Received: 2. School Name: Years Attended: Degree(s) Received:	Major: Major: /License/CEU's Held:	Location:	











C. Previous Work Experience

ployer:	Dates Employed:		
Phone:	Address:		
City:	State:	Zip:	
Position:			
Duties Performed:			
Supervisor's Name & Title:			
Reason(s) for Leaving:			
		_ May we contact them? [] Yes [] No	
ployer:	Dates Employed:		
Phone:	Address:		
City:	State:	Zip:	
Position:			
Duties Performed:			
Supervisor's Name & Title:			
Reason(s) for Leaving:			
		 May we contact them? [] Yes [] No	







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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:	
o Relationship:		Phone:	
2. Name:		Title:	
o Relationship:		Phone:	
3. Name:		Title:	
Relationship:		Phone:	









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?
Ack	nowledgement & 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, a 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.
Signat	ure of Applicant: Date:



