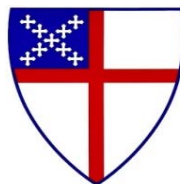


St Stephen's Episcopal Church



Job Application

P.O. Box 40
6807 Northumberland Hwy
Heathsville, VA 22473
phone: 804-724-4238
www.ststephensheathsville.org

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printdate: 02/12/16

filename: STS job application 02.12.2016.xls

PLEASE PRINT IN INK

Personal Information					
Last	First	MI	SSN	Email	
Street Address			City	ST	Zip
Home Phone			Cell Phone		
Are you entitled to work in the United States? <input type="checkbox"/> Y <input type="checkbox"/> N			Are you 18 or older? <input type="checkbox"/> Y <input type="checkbox"/> N		
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Y <input type="checkbox"/> N			If yes, please explain:		
Military Service? <input type="checkbox"/> <input type="checkbox"/> Branch:			Discharge Date: MM.DD.YYYY		
What position are you applying for?			How did you hear about this position?	Date Available to Begin Work: MM.DD.YYYY	
Valid Driver's License? <input type="checkbox"/> Y <input type="checkbox"/> N	Driver's License Number:		Driver's License Expiration date: MM.DD.YYYY		
Have you had any automobile accidents in the past three years? <input type="checkbox"/> Y <input type="checkbox"/> N			If yes, how many?		
Have you had any moving violations in the past three years? <input type="checkbox"/> Y <input type="checkbox"/> N			If yes, how many?		

Education					
	Name/Location	Dates Attended:		Degree/Diploma	Major or Emphasis
		From: (MM/YYYY):	To: (MM/YYYY):		
High School					
College/University					
Postgraduate					
Other					
List any applicable special skills, training, licenses, certifications, or proficiencies.					

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Prior Work Experience

	Current or Most Recent		Prior		Prior	
	From: (MM/YYYY):	To: (MM/YYYY):	From: (MM/YYYY):	To: (MM/YYYY):	From: (MM/YYYY):	To: (MM/YYYY):
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment						
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			
Email Address			
Relationship			

DISCLAIMER and SIGNATURE

Disclaimer - By applying my signature, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also hereby provide consent for former employers to be contacted regarding work records. I acknowledge that as a condition of employment I may be required to submit to drug screening and/or a background check.	Signature	Date:
	Printed Name:	