

WASHINGTON SHORES PRESBYTERIAN CHURCH (U.S.A.)

APPLICATION FOR EMPLOYMENT

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, physical or mental handicap, veterans status and citizenship status. The receipt of this application does not mean that job openings exist or does not obligate us in any way. We appreciate your interest in our organization.

Date: _____

PERSONAL INFORMATION

Name _____ Social Security No. _____

Present address _____ Home Phone _____
No. Street City State Zip Code

How long have you lived at above the address? _____

Previous address _____ How long did you live there? _____

Are you over the age of 18? Yes No If no, employment is subject to verification that you are of minimum legal age.

What languages can you read, speak and write fluently? _____

Are you a citizen of the United States? Yes No

If not a citizen of the U.S., can you provide proof that you can legally be employed in the U.S.? Yes No

EMPLOYMENT INFORMATION

Position applying for _____ Date available for work _____

What salary/hourly rate do you expect? _____

Type of employment: Full Time Part Time Temporary

What days and hours if part time? Days _____ Hours _____
From () AM () PM To () AM () PM

Have you ever applied for a job with us before? Yes No

Have you ever worked for us before? Yes No

Have you ever been bonded? Yes No

Have you ever been refused bond? Yes No If yes, state reason and date _____

Have you ever been convicted of any crime other than a minor traffic violation? Yes No

If yes, state date, court and place where offense occurred _____

Have you ever been discharged or requested to resign from a position? Yes No

If yes, explain _____

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? Yes No

How much time have you lost from work during this past year? _____

Would you have steady transportation to work? Yes No

Do you have any personal responsibilities or problems that may affect your daily attendance? Yes No

If yes, explain _____

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization? _____

EMPLOYMENT INFORMATION Cont'd (If addition space is required please provide attachment)

Have you ever been accused of abuse of a child or the elderly? Yes No If your answer is yes, please provide a statement describing the circumstances. _____

Have you ever been the subject of an investigation by the Department of Children and Family Services or an equivalent agency? Yes No If your answer is yes, please provide a statement describing the circumstances. _____

Have you ever been arrested? Yes No If your answer is yes, please provide a statement describing the circumstances. _____

Have you ever been convicted of a crime? Yes No If your answer is yes, please provide a statement describing the circumstances. _____

EDUCATION INFORMATION

SCHOOLING	YEAR COMPLETED	DEGREE REC'D AND MAJOR SUB.	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
Grammar or High School					
Trade Bus. or Correspondence					
College					
Graduate School or Seminary					

Describe any other specialized or professional training (such as computers, etc.). If you are presently enrolled in school, what are you studying?

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces?? Yes No If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

List duties in the Service including special training _____

PRIOR WORK RECORD (Start with most recent or present employer)

1 Name of Most Recent Employer _____ Telephone No. _____
Address _____
Name & Position of Immediate Supervisor _____ Date of Employment: From _____ To _____
Your Position, Title & Duties _____ Starting Rate \$ _____ Ending Rate \$ _____
Reason For Leaving _____

2 Name of Most Recent Employer _____ Telephone No. _____
Address _____
Name & Position of Immediate Supervisor _____ Date of Employment: From _____ To _____
Your Position, Title & Duties _____ Starting Rate \$ _____ Ending Rate \$ _____
Reason For Leaving _____

3 Name of Most Recent Employer _____ Telephone No. _____
Address _____
Name & Position of Immediate Supervisor _____ Date of Employment: From _____ To _____
Your Position, Title & Duties _____ Starting Rate \$ _____ Ending Rate \$ _____
Reason For Leaving _____

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact _____

REFERENCES (Do not list relatives or previous supervisors)

Name _____ Phone No. _____ Years known _____ Occupation _____
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The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on my application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

I understand that employment at this organization is "at will", and includes no guarantee, contract, or promise of employment for any specified length of time.

I authorize the use of any information in this application and any attached supplements to verify my statements, and I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

Signature of Applicant

Date