

APPLICATION FOR EMPLOYMENT



APPLICANT INFORMATION (PLEASE PRINT)

Last Name		First		M.I.		Date	
Street Address						Apartment/Unit #	
City			State		ZIP		
Phone			Email Address				
Position Applied for				Desired Salary	\$		
Are you applying for	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>			Days/Hours Available:			
On what date are you available to start?							
Are you at least 16 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Do any of your relatives work for this church?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you applied for work at this church before?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this church before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain.				
What languages do you speak, read, or write fluently?							
How did you find out about this employment opportunity?							

EDUCATION

High School		City, State					
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course/ Major			
College		City, State					
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course/ Major			
Other		City, State					
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course/Major			

PERSONAL REFERENCES

Please do not list relatives or former employers.

Full Name		Relationship					
Email		Phone					
Occupation							
Full Name		Relationship					
Email		Phone					
Occupation							
Full Name		Relationship					
Email		Phone					
Occupation							

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PREVIOUS EMPLOYMENT (PLEASE START WITH YOUR MOST RECENT JOB)

Company		Supervisor	
City, State		Phone	
Job Title	From	To	Email
Responsibilities			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Supervisor	
City, State		Phone	
Job Title	From	To	Email
Responsibilities			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Supervisor	
City, State		Phone	
Job Title	From	To	Email
Responsibilities			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.

I authorize Victory Church to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the church any and all information they may have concerning my previous employment. In addition, I hereby release Victory Church, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure.

I acknowledge that, prior to or during my employment, Victory Church may require any legal testing and/or examination, including but not limited to, medical, physical, drug and/or alcohol, psychological, and skill and aptitude. I hereby give my consent to administer any testing and/or examination the church may request.

I also acknowledge that, if employed, both Victory Church and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with the church and may not be modified by any oral or implied agreement.

Signature/Typed Name here acts as my electronic signature:

Date: