

<Church Name >

Address

Phone

EMPLOYMENT APPLICATION

Date: _____

Name _____ Social Security Number _____

Address: _____ City _____ State: _____ Zip _____

Telephone: (h) _____ (w) _____ E-mail: _____

Length of time at address listed above: _____

Position desired: _____ Date available to start: _____

What hours and days are you available to work? _____

If hired, what salary or rate of pay do you expect to receive? _____

Are you legally eligible to work in the United States? ☐ Yes ☐ No

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18? ☐ Yes ☐ No

(If no, you may be required to provide authorization from a parent or guardian)

Have you ever applied to, or worked for, <CHURCH NAME> before?

If yes, please give date: _____ ☐ Yes ☐ No

Educational Background

	Name/Location of School	Year Graduated	Degree	Areas of Concentration
High School				
College				
Other				

(06.07) This material is for informational purposes only. It is not intended to give specific legal or risk management advice, nor are any suggested checklists or actions plans intended to include or address all possible risk management exposures or solutions. You are encouraged to retain your own expert consultants and legal advisors in order to develop a risk management plan specific to your own activities. For more information, contact the GuideOne Center for Risk Management at (877) 448-4331, ext. 5118 for Church and Schools, or ext. 5175 for Senior Living Communities.

<http://www.guideonecenter.com>

Employment History

(Please begin with most recent)

Employment Date (s)	Employer & Supervisor's Name	Address & Telephone Number	Job Title & Primary Responsibilities	Reason for Leaving Begin/Ending Salary

May we contact the employers listed above? ☐ Yes ☐ No

Please list any additional education, training, or skills that qualify you for the position to which you are applying.

Church Activity

Please list the churches you have attended over the past five years.

Church Name	Address/Location	Telephone Number	Date(s) Attended

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References

Please list three references (not related to you) that we may contact.

Name	Address and Telephone Number	Years Known/Relationship

Please provide any other information that you feel will help us in considering your application for employment:

Non-Discrimination Statement

<CHURCH NAME> does not discriminate against job applicants or employees on the basis of race, color, national origin, gender, disability, age, or veteran status.

Employment At Will

Employment with <CHURCH NAME> is “at will” and not by contract either express or implied. This means that if you become employed at <CHURCH NAME>, both you and the church are free to terminate the employment relationship at any time and for any legal reason.

Certification and Release

By signing this job application, I certify that all the information I have provided is true and accurate to the best of my knowledge, and understand that misleading or false statements on this application may lead to a decision not to hire me or, if hired, to terminate my employment.

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I hereby give <CHURCH NAME> permission to contact my previous or current employers, references, schools, and others concerning the statements in this application, and I hereby release all parties involved from any liability as a result of such contact.

I understand that if offered a position with <CHURCH NAME>, I may be required to submit to a pre-employment medical examination, drug screening, and/or criminal background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to effect the results of these pre-employment tests will result in withdrawal of an employment offer or, if already employed, termination of employment.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date