

## APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

We do not discriminate on the basis of race, color, national origin, sex, age, disability, genetic information or any other status protected by law or regulation, except religion. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. <b>PLEASE PRINT</b> , except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.								
Job Applied fo	ob Applied for Today's Date							
Seeking:	Full-time	Part-time						
When could yo	ou start work?							
GENERAL								
	Last Name First Name		Middle Name		 Telepho	Telephone Number		
	Present Street Ac	ldress	City		State	Zip Code		
	Are you 18 years of age or older?							
	Have you ever app	ve you ever applied here before? Yes 🗌 No 🗌 If yes, when?						
	Were you ever em	ployed here?	Yes 🗌	No 🗌	If yes, when? _			
	If employed, do you expect to be engaged in any additional business or employment outside of our job?							
	If yes, give	details						

## **WORK HISTORY**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name, Address and	Employed	Reason for leaving
Telephone of Employer	From (mo/yr) To(mo/yr)	_
	Duties	_
	Bulloo	
		Supervisor(s)
Title		
Title		
Name, Address and Telephone of Employer	Employed From (mo/yr)   To(mo/yr)	Reason for leaving
relephone of Employer	From (mo/yr) To(mo/yr)	
	Duties	-
		Supervisor(s)
Title		
		1
Name, Address and Telephone of Employer	Employed From (mo/yr)   To(mo/yr)	Reason for leaving
relegione en Empleyer		
	Duties	
		Supervisor(s)
Title		
Name, Address and	Employed	Reason for leaving
Telephone of Employer	From (mo/yr)   To(mo/yr)	
	Duties	
		Supervisor(s)
Title	1	

## REFERENCES

	Have you worked or attended school under any other names?	
	If yes, give names:  Are you presently employed?	Yes No No
	Have you ever been fired from a job or asked to resign?	
	Give three references, <u>not</u> relatives or former employers.	
Nam	e Address	Phone
	AFFIDAVIT,CONSENT AND RELEASE	
	PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING	
false information	information provided in this employment application is true and complete. It or omission may disqualify me from further consideration for employment avered at a later date.	
or not, any persor and opinions that	vestigation of any or all statements contained in this application. I also author, school, current employer, past employers, and organizations to provide release be useful in making a hiring decision. I release such persons and organizating such statements.	evant information
and/or post-emplo extended an offer examination. I co	y be required to successfully pass a drug screening examination. I hereby copyment drug screen as a condition of employment, if required. I also understof employment it may be conditioned upon my successfully passing a secur nsent to the release of any or all information as may be deemed necessary to which I am applying.	tand that if I am rity background
successfully passi	derstand that if I am extended an offer of employment it may be conditioned ing a complete pre-employment physical examination. I consent to the releasion as may be deemed necessary to judge my capability to do the work for w	se of any or all
EMPLOYMENT DO EMPLOYMENT FO THE AUTHORITY AGREEMENT MU UNDERSTAND TH	THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT DES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT OR ANY DEFINITE PERIOD OF TIME. ONLY THE SENIOR WARDEN OR RECTOR TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED UST BE IN WRITING, SIGNED BY THE EMPLOYER AND THE EMPLOYIMENT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMANY TIME, WITH OR WITHOUT NOTICE.	IT NOR GUARANTEE OF THE CHURCH HAS PERIOD AND SUCH EE. IF EMPLOYED, I
I have read, und	erstand, and by my signature consent to these statements.	
Signature:	Date:	
orginature	Date.	