

**Faith Promise Church
Employment Application Form**

Please email completed application to:

martiw@faithpromise.org

OFFICE USE ONLY:

Date received:

Reviewed by:

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Telephone () _____

Are you under age 18 ____ YES ____ NO, if "YES", can you provide proof of your eligibility to work? ____ YES ____ NO

Are you currently authorized to work in the United States? ____ YES ____ NO. Proof of eligibility will be required if hired.

Position applied for (1) _____
and wage desired (2) _____
(Be specific)

Days/hours available to work

No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? ☐ No ☐ Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

Driver's license

number _____ State of issue _____ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur

Expiration date _____

OFFICE POSITIONS ONLY

Typing ☐ Yes
☐ No _____ WPM

10-key ☐ Yes
☐ No

Word ☐ Yes
Processing ☐ No

_____ WPM

Personal ☐ Yes PC ☐

Computer ☐ No Mac ☐

Other _____

Skills _____

Please list two references other than relatives.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

APPLICATION FOR EMPLOYMENT

	Membership	
Are you a member of Faith Promise Church? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check all that apply? <input type="checkbox"/> I tithe <input type="checkbox"/> I serve <input type="checkbox"/> I am in a small group		

Work Experience	Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
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Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your Last Job Title			
Reason for leaving (be specific)			
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May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:



GENERAL RELEASE FORM

The purpose of this form is to notify you that an investigation report will be conducted on you in the course of consideration for this request.

Company Name: _____

Company Address: _____

Last name: _____ First: _____ Middle: _____

Maiden name or any aliases used in past _____

Social Security Number: _____ Birth Date: _____

Driver's License Number: _____ State: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Please list your last seven years of residence (Include city and state).

In connection with this request, I hereby authorize all corporations, employers, education institutions, law enforcement agencies, city, state, county, and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed or their agent, Clear Investigative Advantage, LLC. I consent to a criminal background check being run with the information given above. This releases the aforesaid parties from any liability and responsibility for collecting any information.

Applicant's Signature: _____ Date: _____