



Application for Employment

Position Applied For:					Date of Application:	
Last Name		First Name			Middle Name	
Address	Number	Street	City	State	Zip	
Home Phone () -		E-Mail address			Social Security Number 	

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? Date: _____

Are you available to work: Full-time Part-time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If Yes, please explain _____

Any physical handicaps? Yes No

If Yes, please explain _____

Have you ever had a Workers' Compensation claim? Yes No

If Yes, please explain _____

Are you now receiving Unemployment Compensation Benefits? Yes No

EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related assignments and volunteer activities.

Employer	Dates From	To	Work Performed
Address	Month/Year	Month/Year	
Telephone Number(s)			
Starting/Present Job Title	Rate Starting	Final	
Supervisor			
Reason for Leaving			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates From	To	Work Performed
Address	Month/Year	Month/Year	
Telephone Number(s)			
Starting/Present Job Title	Rate Starting	Final	
Supervisor			
Reason for Leaving			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates From	To	Work Performed
Address	Month/Year	Month/Year	
Telephone Number(s)			
Starting/Present Job Title	Rate Starting	Final	
Supervisor			
Reason for Leaving			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Comments: Include explanation of any gaps in employment

Do You Have a relationship with Jesus Christ? YES NO

If YES, could you briefly describe your Testimony:

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or neighbors

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

EMERGENCY CONTACT

Name	Relationship	Telephone Number	Address
Name	Relationship	Telephone Number	Address
Doctor	Telephone Number	Address	
Medical Information (allergies, Medication, etc.)			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

Date of Interview

SPR Chairman

Initials of SPR Committee Present