

Christ Church

EMPLOYMENT APPLICATION

Name:

Last First Middle

Current Address:

Number Street Apt (if applicable)

City State ZIP

How long have you been at current address? Social Security No.:

Phone: Email:

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 Desired: Salary Expectations:

Employment desired: FULL-TIME PART-TIME TEMPORARY/CONTRACT

How many hours can you work weekly? When are you available to start work?

EDUCATION & TRAINING

Type of School	Name of School City, State	Area of Concentration or Major/Minor	Diploma/ Degree
High School	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Technical School/GED	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
College	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Graduate	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PERSONAL INFORMATION

Referred by:

MILITARY EXPERIENCE

Have you ever been in the Armed Forces? YES NO

Are you currently a member in the Armed Forces? YES NO

Specialty:

Date Entered:

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Most Recent Employer:

Address (City, State):

Phone:

Supervisor:

Supervisor's Email:

Most Recent Position Held:

EMPLOYMENT DATES

From

To

PAY OR SALARY

Starting

Final

Reason for Leaving:

Former Employer:

Address (City, State):

Phone:

Supervisor:

Supervisor's Email:

Most Recent Position Held:

EMPLOYMENT DATES

From

To

PAY OR SALARY

Starting

Final

Reason for Leaving:

Former Employer: [] Address (City, State): []

Phone: [] Supervisor: [] Supervisor's Email: []

Most Recent Position Held: []

EMPLOYMENT DATES From [] To []

PAY OR SALARY Starting [] Final []

Reason for Leaving: []

Former Employer: [] Address (City, State): []

Phone: [] Supervisor: [] Supervisor's Email: []

Most Recent Position Held: []

EMPLOYMENT DATES From [] To []

PAY OR SALARY Starting [] Final []

Reason for Leaving: []

May we contact your current employer? YES NO

Did you complete this application yourself? YES NO If not, who did? []

PLEASE READ CAREFULLY

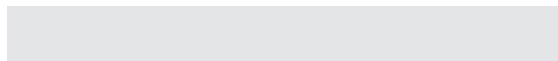
I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

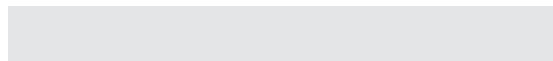
If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

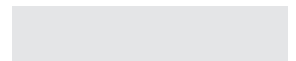
Thank you for completing this application form and for your interest in our organization.



Applicant Signature



Print Name



Date