

Employment Application - Getwell Church

Please Print

Programs, services, and employment are equally available to everyone. Please inform the Employer if you require reasonable accommodations for the application or interview.

Today's Date:

/ /

APPLICANT DATA:



Position applied for:

Full Name: _____
LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Phone: () Cell/Other Phone: () E-Mail Address: _____

Date available to start: _____ Social Security #: _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? YES NO

If no, please explain: _____

Have you ever worked for this company? YES NO If yes, when? _____

Are you a citizen of the United States? YES NO If not, are you legally allowed to work in the United States? YES NO

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pled "guilty," "no contest," or been convicted of a crime? YES NO

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

Who referred you to us? _____

EDUCATION:

High School: _____ Address: _____

of Years Completed: _____ Did you graduate? YES NO

GPA: _____ Major: _____ Clubs/Athletics/Activities: _____

College/University: _____ Address: _____

of Years Completed: _____ Did you graduate? YES NO Degree: _____

GPA: _____ Major: _____ Clubs/Athletics/Activities: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate? YES NO Degree: _____

GPA: _____ Major: _____ Clubs/Athletics/Activities: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: ()

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: ()

Address: _____ City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

Dates of Employment: From ___/___/___ to ___/___/___ Position(s) Held: _____

Employer: _____ Address: _____

Phone: () _____ Supervisor's Name: _____ Supervisor's Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? YES NO

Dates of Employment: From ___/___/___ to ___/___/___ Position(s) Held: _____

Employer: _____ Address: _____

Phone: () _____ Supervisor's Name: _____ Supervisor's Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? YES NO

Dates of Employment: From ___/___/___ to ___/___/___ Position(s) Held: _____

Employer: _____ Address: _____

Phone: () _____ Supervisor's Name: _____ Supervisor's Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? YES NO

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

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

We are a Drug-Free Workplace and conduct background checks and pre-employment drug screens.



Signature of Applicant: _____

Date: _____