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# EMPLOYMENT APPLICATION

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## EMPLOYMENT APPLICATION

### Church Information

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Name of Church

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Name of Senior Pastor

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Church Address

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City

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State

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Zip

### Confidential Information

*This application contains information that is confidential and may be reviewed only by the senior pastor listed above, the board of directors, or persons or committees authorized by the board of directors having authority to make personnel decisions regarding employees. Persons who review, duplicate, distribute, or disclose any portion of this document without authorization face one or more of the following consequences: (1) Possible criminal liability, (2) Possible civil liability, (3) Possible termination of employment, if an employee, (4) Possible dismissal from any official position within the church, if a volunteer.*

### Applicant Information

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Name of Applicant

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Position Applied For

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Date

# EMPLOYMENT APPLICATION

Please note that if the position you are applying for includes transporting minors, you may be asked to complete additional forms.

## Applicant Information

Position Applied For \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Length of time at current address\* \_\_\_\_\_

\*If less than five years, please list previous addresses for the last five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you 18 years or older?  Yes  No

**Note:** Conviction of a crime and/or answering yes to any of the following questions may not necessarily disqualify you for a position as an employee.

Have you ever been convicted of, pled guilty or no contest to a crime other than a minor traffic violation?  Yes  No  
If yes, please explain, including the name of the crime(s), the date and disposition of the case(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently facing charges for any criminal offense?  Yes  No  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused of or charged with any offense involving children?  Yes  No  
If yes, please explain, including disposition or current status of the charge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

Please list three (3) personal references. Your reference must have the ability to assess your suitability for working with or around minors. Please do not include relatives.

### Reference One

Name	Years Known		
Address	City	State	Zip
Phone Number	E-mail Address		

### Reference Two

Name	Years Known		
Address	City	State	Zip
Phone Number	E-mail Address		

### Reference Three

Name	Years Known		
Address	City	State	Zip
Phone Number	E-mail Address		

## Citizenship

Are you a citizen of the United States?  Yes  No

If No, are you a legal alien authorized to work in the United States?  Yes  No

## Education

Please check last grade completed:  8  9  10  11  12  GED

Years of College:  1  2  3  4

Years of Graduate School:  1  2  3  4

Please provide the following information about the schools you've attended.

**Note:** In considering your application, the church may require an official transcript from one or more schools attended.

### School One

Name	Dates Attended		
Address	City	State	Zip
Major	Degree		
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## School Two

\_\_\_\_\_  
Name

\_\_\_\_\_  
Dates Attended

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Major

\_\_\_\_\_  
Degree

Did you graduate?  Yes  No

## School Three

\_\_\_\_\_  
Name

\_\_\_\_\_  
Dates Attended

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Major

\_\_\_\_\_  
Degree

Did you graduate?  Yes  No

## Training & Experience

Please list any relevant training or experience you have including any professional license(s) or certification(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Please list your employers for the past five (5) years, or last three (3) employers, whichever list is longer, beginning with your current or most recent employer. Please note any periods of time in which you were not employed.

### Employer One

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Start Date/Ending Date (Month/Year)

\_\_\_\_\_  
Ending Salary or Hourly Rate

\_\_\_\_\_  
Supervisor Name & Title

\_\_\_\_\_  
Supervisor Phone Number

\_\_\_\_\_  
Reason for Leaving  
Description of Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employer Two

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Start Date/Ending Date (Month/Year)

\_\_\_\_\_  
Ending Salary or Hourly Rate

\_\_\_\_\_  
Supervisor Name & Title

\_\_\_\_\_  
Supervisor Phone Number

\_\_\_\_\_  
Reason for Leaving

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employer Three

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Start Date/Ending Date (Month/Year)

\_\_\_\_\_  
Ending Salary or Hourly Rate

\_\_\_\_\_  
Supervisor Name & Title

\_\_\_\_\_  
Supervisor Phone Number

\_\_\_\_\_  
Reason for Leaving

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employer Four

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Start Date/Ending Date (Month/Year)

\_\_\_\_\_  
Ending Salary or Hourly Rate

\_\_\_\_\_  
Supervisor Name & Title

\_\_\_\_\_  
Supervisor Phone Number

\_\_\_\_\_  
Reason for Leaving

Description of Duties:

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Have you ever been dismissed, terminated or forced to resign for any reason from any employment?  Yes  No  
If yes, please explain:

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### Church Membership

Are you currently a member of a church?  Yes  No  
If yes, please provide the following:

Church Name	Name of Pastor		
Address	City	State	Zip
Years Attended			

### Church Attendance

If you have not been a member of or have not attended your current church for the last five (5) years, please list where you have attended church beginning with the most recent church. Please note any periods of time in which you did not attend.

#### Church One

Name	Phone Number		
Address	City	State	Zip
Dates Attended (Month/Year)	Where you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No		

#### Church Two

Name	Phone Number		
Address	City	State	Zip
Dates Attended (Month/Year)	Where you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Additional Information**

Please list any other additional information that you believe may be useful in evaluating your Employment Application. Examples may include special training programs in which you participated in or experience not reflected above.

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**Application Agreement**

In completing this Employment Application, I understand, represent and agree that:

1. Acceptance of this completed Application by the Church listed below, does not mean that an employment position for which I am qualified, is open or that the church has agreed to provide me with employment. The Church is under no obligation to offer me employment as the result of accepting my completed application.

2. As part of the Church's procedure for verifying the information provided by me on this form or evaluating me for employment purposes, the Church may contact persons, employers and/or organizations named by me in this form; conduct a national criminal background check; conduct a sex offender registry check; a social security trace or other appropriate background investigative report which may include information gathered through personal interviews with third parties, family members, and persons, with whom I am acquainted. I consent to the Church making such checks and understand that this may include information regarding my character, general reputation, and personal characteristics. I further agree to sign any and all documents, consents and/or agreements which may be necessary for the Church and its authorized representatives and/or designees to complete the above.

By signing this form, I authorize the Church to request and obtain the information described above. Further, I release the Church and its denominational agency, affiliates, related entities, agents, employees, and officers (collectively "Church") and all references from any claim or liability whatsoever arising out of such request or any information disclosed in response thereto, and I agree to hold the Church and all references harmless and will not to bring any action or assert any claim against the Church or any reference on account thereof.

Applicant's initials \_\_\_\_\_

3. I understand that providing false or misleading information or failure to state material facts either in this form or in any interview will result in the immediate rejection of my application for employment with the Church or immediate dismissal if such false or misleading information is discovered after any employment offer from the Church is accepted by me.

I have read and understand the above and affirm that the information I have provided on this application is true and correct.

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Note:** A photocopy or facsimile of this authorization shall be as valid as the original.

## Request for Background Information

\_\_\_\_\_  
First Name of Applicant Middle Name Last Name

\_\_\_\_\_  
Maiden Name or Other Names Used

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Driver's License Number State Issued

Have you ever been convicted of a felony or misdemeanor?  Yes  No

### Background Verification & Disclosure

*As part of the pre-employment process the Church listed below may obtain a Consumer Report and/or Investigative Consumer Report that may include legally obtainable criminal records. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of employment only, a Consumer Report may be made which may include information about your credit standing, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics, criminal history or mode of living.*

### Authorization to Release Information

*During the application process and at any time during any subsequent employment, I authorize the Church to procure a Consumer Report which I understand may include information regarding my credit standing, character, general reputation, personal characteristics, criminal history, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, criminal history or mode of living.*

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness Date



# Background Referencing Checklist

To be completed by the Church.

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Person Completing Referencing

\_\_\_\_\_  
Signature of Person Completing Referencing

## Current/Last Employer

\_\_\_\_\_  
Name

Written Reference Form Returned?  Yes  No

\_\_\_\_\_  
Referencing Method

Phone Interview Form Completed?  Yes  No

## Past Employer

\_\_\_\_\_  
Name

Written Reference Form Returned?  Yes  No

\_\_\_\_\_  
Referencing Method

Phone Interview Form Completed?  Yes  No

## Past Employer

\_\_\_\_\_  
Name

Written Reference Form Returned?  Yes  No

\_\_\_\_\_  
Referencing Method

Phone Interview Form Completed?  Yes  No

## Personal Reference

\_\_\_\_\_  
Name

Written Reference Form Returned?  Yes  No

\_\_\_\_\_  
Referencing Method

Phone Interview Form Completed?  Yes  No

## Personal Reference

\_\_\_\_\_  
Name

Written Reference Form Returned?  Yes  No

\_\_\_\_\_  
Referencing Method

Phone Interview Form Completed?  Yes  No

## Personal Reference

\_\_\_\_\_  
Name

Written Reference Form Returned?  Yes  No

\_\_\_\_\_  
Referencing Method

Phone Interview Form Completed?  Yes  No

## Background Screening Check

\_\_\_\_\_  
Name of Person Requesting Background Screening Check

\_\_\_\_\_  
Date Requested

\_\_\_\_\_  
Date Returned

## Personal Reference Check

Complete a form for each Personal Reference listed by the Applicant.

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_  
Name of Reference

\_\_\_\_\_  
Date Completed

Completed By:  Phone  Mail

1. How do you know the applicant?  
\_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. Have you seen the applicant work with children?  Yes  No

4. What is your assessment of the applicant's fitness and suitability for working with children?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you have any reservations regarding the applicant's fitness and suitability for working with children?  
\_\_\_\_\_  
\_\_\_\_\_

6. What type of recommendation would you give the applicant?  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any other information regarding the applicant's fitness and suitability for working with children which would be helpful to the Church listed above?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERNAL CHURCH USE ONLY:

\_\_\_\_\_  
Name of Person Completing Referencing

\_\_\_\_\_  
Signature of Person Completing Referencing

\_\_\_\_\_  
Date

## Employment Reference Check

Complete a form for each Employer listed by the Applicant.

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Position Applied For

\_\_\_\_\_  
Name of Reference

\_\_\_\_\_  
Date Completed

Completed By:  Phone  Mail

1. How do you know the applicant?  
\_\_\_\_\_  
\_\_\_\_\_

2. What was your relationship with the applicant during the period of employment?  
\_\_\_\_\_  
\_\_\_\_\_

3. Were the applicant's duties performed satisfactorily?  Yes  No  
If not, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

4. Why did the applicant leave your organization?  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you seen the applicant work with children?  Yes  No

6. What is your assessment of the applicant's fitness and suitability for working with children?  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any reservations regarding the applicant's fitness and suitability for working with children?  
\_\_\_\_\_  
\_\_\_\_\_

8. What type of recommendation would you give the applicant?  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you have any other information regarding the applicant's fitness and suitability for working with children which would be helpful to the Church listed above?  
\_\_\_\_\_  
\_\_\_\_\_

INTERNAL CHURCH USE ONLY:

\_\_\_\_\_  
Name of Person Completing Referencing

\_\_\_\_\_  
Signature of Person Completing Referencing

\_\_\_\_\_  
Date