



# Church of God Children's Home of North Carolina

3485 Orphanage Circle  
Concord, North Carolina 28027

Phone: 704-788-1164 | Fax: 704-788-3722

## Employment Application

**To Applicant:** We appreciate your interest in the Church of God Children's Home of North Carolina (COGCH). This application will help us learn more about you and your qualifications for open positions. It is important for you to fully and accurately complete this application form and indicate the position(s) for which you wish to be considered. **Criminal background checks and drug screening must be completed before an applicant is employed.**

Position(s) applying for: \_\_\_\_\_ Date Applied: \_\_\_\_\_

If considered for employment, on what day will you be available to start? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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

Have you ever used another name?  Yes  No If Yes, list all names by which you have been known: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Can you present evidence of citizenship or proof of your legal right to work in the U. S.?  Yes  No

Legal resident of what state? \_\_\_\_\_ How long at current address? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Have you ever been asked to resign from a job?  Yes  No If yes, Explain: \_\_\_\_\_

Have you ever applied to or worked for the COGCH before?  Yes  No If Yes, when? \_\_\_\_\_

Do you have any friends or relatives working at the COGCH?  Yes  No If yes, state name(s) and relationship(s) \_\_\_\_\_

*The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, sex, national origin or handicap. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, or physical or mental handicap or disability. If you choose not to answer any question in this section, your failure to answer will in no way disqualify you or jeopardize your consideration for employment.*

Marital Status: \_\_\_\_\_ Do you have any dependants living with you?  Yes  No

Do you have any physical/mental conditions which may limit your ability to perform the job for which you are Applying?  Yes  No If Yes, Explain: \_\_\_\_\_

### Education, Training and Experience

<u>School</u>	<u>Name and Address</u>	<u>No. years Completed</u>	<u>Degree or Diploma</u>	<u>Did you Graduate?</u>
High School _____	_____	_____	_____	_____
College/University _____	_____	_____	_____	_____
Vocational/Business _____	_____	_____	_____	_____

Do you speak/write a language other than English?  Yes  No If yes, what language \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at the COGCH?  Yes  No Explain: \_\_\_\_\_

Please describe your skills in detail: \_\_\_\_\_

List any computer programs with which you are familiar: \_\_\_\_\_

### Personal References

(Provide information for three people to whom you are not related and have not worked for.)

Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

**Previous Employment**

(Begin with present/most recent)

Name and address of company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Position/Describe duties \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (End) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact employer?  Yes  No

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Name and address of company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Position/Describe duties \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (End) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact employer?  Yes  No

\*\*\*\*\*

Name and address of company \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ From (MM/YY) \_\_\_\_\_ To (MM/YY) \_\_\_\_\_

Position/Describe duties \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (End) \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact Employer?  Yes  No

**To Applicant:** *The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, sex, national origin or handicap. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, or physical or mental handicap or disability. If you choose not to answer any question in this section, your failure to answer will in no way disqualify you or jeopardize your consideration for employment.*

The COGCH is a Christian home owned and operated by the Church of God of North Carolina, which is a Pentecostal organization. We require our children to attend church and our house parents to lead cottage devotions. The following questions relate to your spiritual experience and willingness to provide spiritual guidance in word and example.

Are you a Christian?  Yes  No Church affiliation \_\_\_\_\_

Are you willing to provide spiritual guidance through devotions and example?  Yes  No

**Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo contendere) to a Felony or Misdemeanor?**  Yes  No

(Do not identify convictions for which the criminal record has been expunged, sealed or eradicated by the court, or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court.)

If yes, explain each conviction fully; when, where and of what you were convicted and disposition of the case(s) \_\_\_\_\_

(NOTE: No applicant will be denied employment solely on the grounds that they have been charged, committed or been convicted [or pleaded guilty or nolo contendere] of a criminal offense; or, solely on an affirmative answer above. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for will be considered.)

(NOTE: Prior to employment, the COGCH will conduct a criminal background check.)

**Have you ever been substantiated for child abuse and/or neglect or disabled abuse and/or neglect?**  
 Yes  No If yes, further details may be required by the COGCH.

### **Please Read Carefully and Sign Below**

By my signature, I promise that I personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date.

Further, my signature authorizes the Church of God Children's Home of North Carolina 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 in responding to inquiries in connection with my application.

I agree to abide by the rules and regulations of the Church of God Children's Home, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company.

Although management makes every effort to accommodate individual preferences, business needs may at time make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

**I have read and understand the above. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_