

Application For Employment



We consider applicants for all positions without regard to race, color, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT USING BLUE OR BLACK INK IF YOU ARE NOT COMPLETING THIS FORM ELECTRONICALLY

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Street Address	City	State
_____	_____	_____
Home Phone #	Cell #	Other #
_____	_____	_____
Email address _____		
Have you ever worked or attended school under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, what name? _____		

Position(s) Applying For _____	Date of Application _____
How did you learn about us?	
<input type="checkbox"/> Grace Weekly <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	
Name of person who referred you _____	

Are you a Christ follower, seeking to live a life that honors Him? Yes No

What is the name of your home church? _____

Are you active in any Grace Ministries? Explain _____

Have you read and are you in agreement with Grace Baptist Church Statement of Faith? Yes No

Are you under 18 years of age? Yes No

Have you ever filed an application with us before? *If Yes, give date* _____ Yes No

Have you ever been employed with us before: *If Yes, give end date* _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible to work in the United States? Yes No

When would you be available to start work? _____

Are you available to work: Full Time Part Time Shift Work Temporary Overtime

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

If Yes, please describe _____

Are you able to perform the essential functions of the job for which you are applying? Yes No

Education

	High School	Vocational School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed				
Diploma/Degree				
Describe Course of Study				
Describe any of your specialized training, apprenticeship, skills and extra-curricular activities:				
Describe any honors you have received:				
State any additional information you feel may be helpful to us in considering your application:				
Do you speak, write, or understand any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the language and your proficiency level.				

Computer Skills				
Are you experienced using computers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what systems? <input type="checkbox"/> PC <input type="checkbox"/> Mac		
At what level are you able to use the following programs?				
	None	Beginner	Intermediate	Advanced
MS Word				
MS Excel				
MS Outlook				
Any other software you know and use?				

Memberships
List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which reveal sex, race, national origin, age, ancestry or handicap or other protected status:</i>

References

List two persons, not related to you, who have knowledge of your work performance within the last three years. Please include your relationship to them and provide their phone numbers.
1. _____
2. _____
List two persons, not related to you, who can speak to your character within the last five years. Please include your relationship to them and provide their phone numbers.
1. _____
2. _____

Employment Experience

List all previous employment, beginning with the most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, gender, national origin, handicap or other protected status.

You must complete this section even if you are submitting a resume.

1	Employer (most recent)	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Job Title Supervisor			
Reason for Leaving:				
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Job Title Supervisor			
Reason for Leaving:				
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Job Title Supervisor			
Reason for Leaving:				
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Job Title Supervisor			
Reason for Leaving:				
5	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Job Title Supervisor			
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. I understand, also, that I am required to abide by all rules and regulations of Grace Baptist.

Signature of Applicant

Date

EMPLOYER NOTES

WE ARE AN EQUAL OPPORTUNITY EMPLOYER