



Calvary Church Employment Application

An Equal Opportunity Employer

Calvary Church is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information

Name _____

Phone _____ Email _____

Address _____

City _____ State & Zip _____

How did you learn of the position you are applying for? _____

Employment Information

1. Position applying for: _____
2. If hired, on what date can you start working? ___ / ___ / ___
3. Can you work some Sunday mornings, if required? [] Y or [] N
4. Can you work evenings? [] Y or [] N
5. Are you available to work overtime? [] Y or [] N
6. Salary desired: \$ _____

Personal Information:

1. Have you ever applied to/worked for Calvary Church before? [] Y or [] N
If yes, please explain (include date): _____
2. Do you have any friends, relatives, or acquaintances who are members of Calvary Church?
[] Y or [] N If yes, state name & relationship: _____
3. If hired, would you have transportation to/from work? [] Y or [] N
4. Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)
[] Y or [] N
5. If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Y or [] N
6. If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N

7. Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed: _____

Note: Calvary complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

Education, Training and Experience

High School

School name: | _____

School address: _____ School city, state, zip: _____

Number of years completed: _____ Did you graduate? [] Y or [] N

Degree/diploma earned: _____

Post Secondary Education: Vocational School/College/University

School name: _____

School address: _____ School city, state, zip: _____

Number of years completed: _____ Did you graduate? [] Y or [] N

Degree/diploma earned: _____

School name: _____

School address: _____ School city, state, zip: _____

Number of years completed: _____ Did you graduate? [] Y or [] N

Degree/diploma earned: _____

School name: _____

School address: _____ School city, state, zip: _____

Number of years completed: _____ Did you graduate? [] Y or [] N

Degree/diploma earned: _____

Military (if applicable)

Branch: _____ Rank in Military: _____

Total Years of Service: _____

Additional Information

1. Do you speak, write or understand any foreign languages? [] Y or [] N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

2. Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

[] Y or [] N

If yes, please explain _____

Employment History

1. Are you currently employed? [] Y or [] N

If you are currently employed, may we contact your current employer? [] Y or [] N

2. Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: _____

Business Type: _____

Address: _____ | _____ City, state, zip: _____ Name of Supervisor: _____

Supervisor Phone: _____ Supervisor Email: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Name of Employer: _____

Business Type: _____

Address: _____ City, state, zip: _____ Name of Supervisor: _____

Supervisor Phone: _____ Supervisor Email: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Name of Employer: _____

Business Type: _____

Address: _____ City, state, zip: _____

Name of Supervisor: _____

Supervisor Phone: _____ Supervisor Email: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

References

References maybe personal, but at least one must be professional – either a past supervisor or coworker.

Name: _____

Phone: _____ Email: _____

Address: _____ City, state, zip: _____

Occupation: _____ Number of Years Acquainted: _____

How do you know this person? _____

Name: _____

Phone: _____ Email: _____

Address: _____ City, state, zip: _____

Occupation: _____ Number of Years Acquainted: _____

How do you know this person? _____

Name: _____

Phone: _____ Email: _____

Address: _____ City, state, zip: _____

Occupation: _____ Number of Years Acquainted: _____

How do you know this person? _____

Please Read and Initial Each Paragraph, then Sign Below

___ I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by Calvary Church, terms for my immediate expulsion from the company.

___ I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

___ I permit Calvary Church to examine my references, record of employment, education record, and any other information I have provided. 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 Calvary Church, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____ **Date:** _____