

**APPLICATION FOR EMPLOYMENT**  
An Equal Opportunity Employer

We are pleased that you are interested in employment with us. We offer equal opportunities to all persons without regard to race, color, religion, age, sex, marital status, national origin, disability, sexual orientation, or veteran status. Please complete this application form in type or print. Answer all questions honestly and completely since all statements made by you may be checked for accuracy. Your application will be given every consideration. However, acceptance of the application does not imply a commitment of employment. This application of employment will remain active for ninety days. After ninety days applicants must submit another application to be considered for employment.

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

**PERSONAL DATA**

Name(last, first, m.i.) \_\_\_\_\_ Phone \_\_\_\_\_

Present Address (street, city, state, zip) \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Are you over the age of 18? \_\_\_yes \_\_\_no

If no, employment is subject to verification of minimum legal age by age certificate or work permit.

Do you have the legal right to live and work in the US? \_\_\_yes \_\_\_no.

If not a US citizen, please provide proof that you can be legally employed in the US (INS Forms I-15, I-94, I-551, etc.) If hired, proof of identity and authorization to work in the US will be required, within three days.

Have you served in the US Armed Forces? \_\_\_yes \_\_\_no \_\_\_\_\_ Entry Date  
\_\_\_\_\_ Discharge Date

Do you have steady transportation to work? \_\_\_yes \_\_\_no

If applying for a position requiring the driving of a motor vehicle, do you have a valid license for the type vehicle to be operated? \_\_\_yes \_\_\_no

If so, expiration date \_\_\_\_\_ license \_\_\_\_\_ state of issue \_\_\_\_\_

Have you ever been convicted of a felony (conviction will not necessarily disqualify the applicant from consideration of employment)? \_\_\_yes \_\_\_no

If yes, state details (date, court, offense, place of occurrence) \_\_\_\_\_  
\_\_\_\_\_

Is there anything that would prevent you from satisfactorily performing, either with or without reasonable accommodation, the essential functions of the job for which you have applied? yes no

If so, please explain \_\_\_\_\_  
 \_\_\_\_\_

Position applied for (must list specific position): \_\_\_\_\_

Do you wish: full-time work  part-time work  temporary work

Date available for employment: \_\_\_\_\_ Hours available: \_\_\_\_\_

Have you ever applied for employment with us before? yes no

If yes, when? \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

Are you presently employed? yes no

If now employed, may we contact your present employer? yes no

Why do you desire to make a change in employment at this time? \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been discharged or asked to resign from a position? yes no

<b>EDUCATION</b>				
Type of School	Name and Address of School	Major Course of Study	Circle Year Completed	Graduate
Elementary			5 6 7 8	<input type="checkbox"/> Y <input type="checkbox"/> N
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N
Vocational or Business School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N
College			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N
Graduate School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N
Other (Specify			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N

Describe any other specialized training (such as technical, correspondence, or night school courses):  
 \_\_\_\_\_

**SPECIAL QUALIFICATIONS**

Specify professional designations, certifications, licenses, or registrations held:  
 \_\_\_\_\_

EMPLOYMENT DATA

Employer: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Address: \_\_\_\_\_ From: mo/yr \_\_\_\_\_ To: mo/yr \_\_\_\_\_

Telephone Number:( ): \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Title of your position: \_\_\_\_\_

Brief description of your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Address: \_\_\_\_\_ From: mo/yr \_\_\_\_\_ To: mo/yr \_\_\_\_\_

Telephone Number:( ): \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Title of your position: \_\_\_\_\_

Brief description of your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Address: \_\_\_\_\_ From: mo/yr \_\_\_\_\_ To: mo/yr \_\_\_\_\_

Telephone Number:( ): \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Title of your position: \_\_\_\_\_

Brief description of your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES (List three references - not including former employers or relatives):**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

TCA-14-10-129 states that “each persons applying to work with children as a volunteer or as a paid employee... shall complete an application on a form prescribed for approved by the Department of Human Services... It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclosed required information shall be deemed to be falisification to the same exptent as providing false information.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I authorize **Greater Fellowship Ministries** to check my statements, schools, former employees, and references. I certify all the information on this application to be true and agree that any misrepresentation or concealment of a material fact will be sufficient charge for dismissal.

I also agree to submit to an alcohol or substance use test if asked. I realize that the test results will be a factor in determining my employment.

If I am hired, I agree to abide by the policies and regulations of the institution. Further, I understand that my employment is not for a stated period of time. It may be terminated by me or **Greater Fellowship Ministries** and is not a contractual obligation of the institution.

\_\_\_\_\_  
Date

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