



Employment Application

Position Desired: _____

Date: _____ Date Received (*office use only*) _____

PERSONAL

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-Mail Address: _____

EMPLOYMENT HISTORY

Do not substitute a resume for this section.

Present (or last) Employer _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Employment Date: _____ to _____ Starting Pay: _____ Ending Pay: _____

Supervisor's Name: _____

Position & Job Description: _____

Reason for leaving: _____

Employer _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Employment Date: _____ to _____ Starting Pay: _____ Ending Pay: _____

Supervisor's Name: _____

Position & Job Description: _____

Reason for leaving: _____

Employer _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Employment Date: _____ to _____ Starting Pay: _____ Ending Pay: _____

Supervisor's Name: _____

Position & Job Description: _____

Reason for leaving: _____

EDUCATION

High School: _____ Graduate Yes No
Trade or Business School: _____ Graduate Yes No
College: _____ Graduate Yes No
Graduate: _____ Graduate Yes No
Seminary: _____ Graduate Yes No

ADDITIONAL EXPERIENCE

Please complete all that apply.

What professional job related licenses or certificates do you hold?

(OMIT THOSE WHICH INDICATE RACE, NATIONAL ORIGIN, COLOR, SEX, AGE, OR DISABILITY)

Computer Software Experience

MS Office version _____ MS Word version _____ MS Excel Version _____
 MS Publisher version _____ PowerPoint version _____ MS Windows _____
 MS Outlook (including email, calendar, contacts, etc.) version _____
 MS Access version _____ Other _____

Clerical Skills

Keyboarding speed _____ wpm Ten Key by touch by sight

US Military Service: Branch: _____ Specialty: _____

CHARACTER REFERENCES

Name: _____ Length of time known: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Best time to contact: _____

Name: _____ Length of time known: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Best time to contact: _____

Name: _____ Length of time known: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Best time to contact: _____

CHRISTIAN EXPERIENCE

Where do you attend church: _____

Briefly describe how you became a Christian and your spiritual growth since:

What experience have you had in the following areas?

Christian Service (volunteering in a church setting):

Adult Education, Youth, Children, Early childhood in the church?

Other pertinent information:

CONDITIONS OF EMPLOYMENT

Please read the following carefully as it constitutes conditions for employment with West Side Church.

I certify that the information given by me to West Side Church is true, accurate and complete to the best of my knowledge. I understand that any false statement on the application, resume, or during the interview or hiring process may result in refusal of employment, or if employed, immediate termination from West Side Church employment.

I authorize West Side Church to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release West Side Church from any liability for future references it may provide regarding my work history at the church.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at anytime, at the option of West Side Church or myself.

I agree to take any and all tests required that are applicable for the position I am applying for. I further agree to observe all policies and regulations and the Articles of Faith of West Side Church.

I agree to protect any and all confidential information I may come in contact with.

I understand that if employed, I will provide timely documentation of identity and employment eligibility in accordance with the Immigration Reform and Control Act.

Signature of Applicant: _____ Date: _____

For background check and employment verification purposes only, please provide your Social

Security Number: _____ Date of Birth: _____