



# Application for Employment

Please answer all questions completely, in your own handwriting and in ink. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law. All employment offers are contingent upon proof of your legal right to work in the U.S.

## Personal Information

Name (last, first, middle): \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Are you able to provide proof of your eligibility to work in the USA?  YES  NO

Social Security Number: \_\_\_\_\_ If under age 18, do you have a work permit?  YES  NO

Have you ever worked under a different name?  YES  NO If yes, name: \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO If yes, list offense, date and disposition of case:  
 (Convictions will not necessarily disqualify you for employment.) \_\_\_\_\_  
 \_\_\_\_\_

## Employment Interest

Position Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Would you be willing to work overtime?  YES  NO Type of Employment Desired:  
 Regular  Temporary  Full Time  Part Time

If hired, would you have reliable transportation to and from work?  YES  NO

If required for the position, do you have a valid driver's license?  YES  NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  YES  NO

If NO, describe the functions that cannot be performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)

## Education Information

Name & Address (City & State)	Course of Study	Year Completed	Graduate	Degree	Grade Ave.
High School		1 2 3 4	YES___ NO___		
Business/Technical School		1 2 3 4	YES___ NO___		
College		1 2 3 4	YES___ NO___		
Graduate Work		1 2 3 4	YES___ NO___		

List any specialized training or courses you have completed which will aid in evaluating your qualifications for the position you are seeking. If applying for a teaching position, list all additional courses of study or training earned in early childhood education, child development, and elementary education with the dates completed. (Use space provided on next page.)

Additional Skills & Training Information

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Employment Information

<u>Employer Name</u>	<u>Phone Number</u>	<u>From: Mo/Yr</u>	<u>To: Mo/Yr</u>
<u>Address (City, State, Zip)</u>	<u>Job Title</u>	\$ <u>Starting Pay</u>	\$ <u>Ending Pay</u>
<u>Supervisor Name &amp; Title</u>	<u>Duties</u> _____ _____		
<u>Reason for Leaving</u>	<u>May we contact this employer?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		

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<u>Employer Name</u>	<u>Phone Number</u>	<u>From: Mo/Yr</u>	<u>To: Mo/Yr</u>
<u>Address (City, State, Zip)</u>	<u>Job Title</u>	\$ <u>Starting Pay</u>	\$ <u>Ending Pay</u>
<u>Supervisor Name &amp; Title</u>	<u>Duties</u> _____ _____		
<u>Reason for Leaving</u>	<u>May we contact this employer?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		

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<u>Address (City, State, Zip)</u>	<u>Job Title</u>	\$ <u>Starting Pay</u>	\$ <u>Ending Pay</u>
<u>Supervisor Name &amp; Title</u>	<u>Duties</u> _____ _____		
<u>Reason for Leaving</u>	<u>May we contact this employer?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		

Professional / Personal References

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

\_\_\_\_\_  
Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

\_\_\_\_\_  
Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

\_\_\_\_\_  
Years Known: \_\_\_\_\_

Previous Addresses

If you have lived at your current address for less than seven years, please provide information on all addresses during that period.

Address: \_\_\_\_\_ City: \_\_\_\_\_ From: \_\_\_\_\_

\_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ From: \_\_\_\_\_

\_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ From: \_\_\_\_\_

\_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ From: \_\_\_\_\_

\_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ To: \_\_\_\_\_

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Applicant's Certification and Agreement

I understand that Adventure Christian Church and Schools does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, sex, age or disability.

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or a significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand that I will be paid, and receive benefits, only through the day of release.

I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide Adventure Christian Church and Schools with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you. I further authorize those given as references and my former employers to disclose to Adventure Christian Church and Schools any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure. I waive the right to ever personally view any reference given to Adventure Christian Church and Schools.

I understand that this is only an application for employment and that no employment contract is being offered at this time. I understand that all offers of employment are contingent upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.

I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application.

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Signature of Applicant

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Date

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Authorization to Release Reference Information

I have applied for a position with Adventure Christian and Schools. I have authorized them to thoroughly investigate references, work records, evaluation, and other matters related to my suitability for employment.

I authorize Adventure Christian Church and Schools to conduct a criminal records check. If the position I am applying for involves working with children, I understand that I must submit to a fingerprint check by FBI and possibly other federal and state authorities. I agree to cooperate fully in providing and recording as many sets of my fingerprints as are necessary for such an investigation.

I authorize references and my former employers to disclose to Adventure Christian Church and Schools any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release Adventure Christian Church and Schools, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of, or in any way related to, such investigation or disclosure.

I hereby acknowledge that I have read the above statements and understand them.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's Social Security Number

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

\_\_\_\_\_  
Date