



Faith Academy

Application for Employment

Name _____ Social Security # _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Are you over 18? _____ If no, date of birth _____

Other names used during prior employment _____

Position which you are applying _____

Date of application _____ Date available for work _____

Are you available to work evenings? _____ Saturdays _____ Sundays _____

Do you attend church? _____

Which service do you normally attend? _____ Sunday _____ or Wednesday _____

Are you legally eligible to work in the United States? _____

NOTE: Should an offer of employment be extended, before you begin employment, you will be required to submit to this company certain documents for review which **verify both your authorization and your identity**. Copies of the documents you may have to submit will be made and retained by the company for the period of time prescribed by the Immigration Reform Control Act of 1986.

In addition, applicants should be aware that all employees are required to maintain automobile liability insurance in the amounts required by state law and proof of such insurance will be required at least annually.

References

Give name, address, and telephone number of three (3) references who are not related to you and are not previous employers.

Name _____ Telephone _____ Email _____

Address _____ City, State, Zip _____

Name _____ Telephone _____ Email _____

Address _____ City, State, Zip _____

Name _____ Telephone _____ Email _____

Address _____ City, State, Zip _____

Employment Experience

Are you currently employed? _____ If yes, may we contact your current employer? _____

Begin with your most recent employment and list all past employment.

Current employer _____

Supervisor _____ Telephone _____

Address, City, State, Zip _____

Position _____ Dates _____

Current Salary _____

Employer _____

Supervisor _____ Telephone _____

Address, City, State, Zip _____

Position _____ Dates _____

Reason for leaving _____

Ending salary _____

Employer _____

Supervisor _____ Telephone _____

Address, City, State, Zip _____

Position _____ Dates _____

Reason for leaving _____

Ending salary _____

Employer _____

Supervisor _____ Telephone _____

Address, City, State, Zip _____

Position _____ Dates _____

Reason for leaving _____

Ending salary _____

Have you failed to be reemployed, ever been involuntarily discharged, fired or asked to resign a position? _____

If yes, describe in detail. _____

Education

High School _____ Years completed 1 2 3 4

City, State _____

Did you graduate? _____

College _____ Years completed 1 2 3 4

City, State _____

Did you graduate? _____ Degree received _____

Course(s) of study _____

College _____ Years completed 1 2 3 4

City, State _____

Did you graduate? _____ Degree received _____

Course(s) of study _____

List any special training, skills, hobbies, or interest you feel help qualify you for applied position:

Have you been convicted of a crime or pled guilty or nolo contendere to a crime or received deferred adjudication for a criminal offense? (Minor traffic violations are not considered criminal offenses.) _____ If yes, describe in detail:

Applicant Certification

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Applicant's signature _____ Date _____