Application for Employment

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept of file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. **Please print.**

Name		
Phone		
Address		
City/State/Zip		
Position Applied for	Shift preferred: Daytime 🗌 Evening 🔲 Any 🗌	
How did you hear about us? TWC \Box WTAMU on-line ad \Box AC on-line ad \Box		
Friend 🛛 Other 🗌]	
	ations, etc.) that would benefit you in the job for which	
Would you accept full-time work? Yes \Box No \Box N	Nould you accept part-time work Yes \Box No \Box	
On what date would you be available for work?		
Have you ever been employed here before? Yes $[$	□ No □ If yes, dates	
Do you have a legal right to be employed in the U.S? Yes \Box No \Box (If yes, proof is required.)		
Are you of legal age to work? Yes 🗌 No 🗌		
Educational Background		
High School: Name and location:		
Did you graduate? Yes 🗌 No 🗌 GED 🗌		
College: Name and location:		
Course of Study Degree or diploma		
Vocational or other training: Name and location:		
Course of Study Degree or diploma		

Previous Employers & Addresses

company Name Phone ()	
Contact Name	
Address	
Position	Last Wage
Reason for leaving	
2. Company Name	Phone()
Contact Name	
Address	Employed From To
Position	Last Wage
Reason for leaving	
Have you ever been indicted or convicted of a felony?	□ No □ Yes
I have seen a copy of the job duties for this position and the essential functions of this job with or without reasona	

Place an X by the employer(s) you do not want us to contact. List the most recent employer first.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

No

□ Yes

In consideration of my employment, I agree to conform to the church's rules and policies. I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the church's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the church.

Applicant's Signature	Date

Updated 7/27/11