



Family Bible Church Employment Application

All potential employees are evaluated without regard to race, color, gender, national origin, age, marital status, veteran status, the presence of a non-job related handicap or any other legally protected status.

Position Sought: _____

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other Phone _____

Email Address _____ Social Security Number _____ - _____

On what date would you be available for work? _____

Are you a U.S. Citizen or are you otherwise authorized to work in the U.S. without any restrictions?

Yes No

Have you ever been involuntarily terminated or asked to resign from a position of employment?

Yes No

If yes, please describe the circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test?

Yes No

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

REFERENCES

- 1. Full Name _____ Relationship _____
Company _____
Phone _____ Email _____
Address _____ City _____ State _____ Zip _____
- 2. Full Name _____ Relationship _____
Company _____
Phone _____ Email _____
Address _____ City _____ State _____ Zip _____
- 3. Full Name _____ Relationship _____
Company _____
Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

PREVIOUS EMPLOYMENT

(Most Recent First)

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGEMENT AND AUTHORIZATION

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I acknowledge that employment with this organization is contingent upon a background check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____

Date _____