

Application for Employment



first assembly
108 beck lane lafayette in 47909

Please Print

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and name the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at home is.... _____ : _____ AM PM

May we contact you at work?..... Yes No
If yes, work number and best time to call:
() _____ : _____ AM PM

If you are under 18 and it is required,
can you furnish a work permit?..... Yes No
If **no**, please explain _____

Have you submitted an application here before?.... Yes No
If **yes**, give date(s) and position(s) _____

Have you ever been employed here before?..... Yes No
If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment
in this country?..... Yes No

Have you ever been bonded?..... Yes No

Date available for work..... ____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you travel if job requires it?..... Yes No

Driver's license number required if driving may be
required in the job for which you are applying:
_____ State _____

Do you currently drink alcohol?..... Yes No

Do you currently smoke?..... Yes No

Have you ever pled "guilty" or "no contest"
to, or been convicted of a crime?..... Yes No
If **yes**, please provide date(s) and details _____

Do you currently attend church?..... Yes No
If **yes**, what church do you attend? _____

How often do you attend church?
 Every Sunday Every Other Sunday
 Once a month Mid-week Service
 Other: _____

Is Jesus Christ your Savior and Lord?..... Yes No

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Month Year	Month Year
Street Address		City State	
Starting job title/final job title		Dates employed: / to /	
Immediate supervisor and title (for most recent position held)		May we contact for reference? Yes No Later	
Why did you leave?		Summarize the type of work performed and job responsibilities.	
What did you like most about your position?		What were the things you liked least about the position?	
Compensation (Starting)		Compensation (Final)	
Hourly Salary		Hourly Salary	
Commission/Bonus/Other Compensation \$		Commission/Bonus/Other Compensation \$	

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Street Address		City State	
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Hourly Salary		Hourly Salary	
Commission/Bonus/Other Compensation \$		Commission/Bonus/Other Compensation \$	

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed already, have you ever been fired or asked to resign from a job?..... Yes No

If **yes**, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____ Years: _____	<input type="checkbox"/> Internet _____ Years: _____
<input type="checkbox"/> Spreadsheet _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____
<input type="checkbox"/> Presentation _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____
<input type="checkbox"/> E-mail _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with First Assembly is true, complete and correct to my knowledge.

Signature of Applicant _____ Date ____/____/____

