

FIRST PRESBYTERIAN CHURCH

219 East Bijou Street
Colorado Springs, Colorado 80903
Phone 719.884.6163 Fax 719.434.3390

APPLICATION FOR EMPLOYMENT

Please print all information and answer every question.

PERSONAL INFORMATION

Name _____ Date _____

Address _____

Telephone Number (home) _____

Telephone Number (cell) _____ Email _____

Are you 18 years of age or older? YES NO If hired, you may be required to submit proof of age.

When can you start? _____ How were you referred to us? _____

Have you worked here or applied here before? YES NO If so, when? _____

For driving jobs only: Do you have a valid drivers license and proof of insurance? YES NO

Please enter Drivers License Number _____

Any suspensions or revocations of your drivers license in the past seven years? YES NO

If yes, please explain: on a separate sheet of paper.

POSITION DESIRED

Position Title: _____

Check One: FULL TIME PART TIME EITHER

EDUCATIONAL BACKGROUND

	Name and Location	Degree or Diploma Obtained	Subject Area	Dates
High School or GED				
Vocational Training				
College or University				

EMPLOYMENT EXPERIENCE

List all of your current and previous positions (paid and unpaid) in chronological order starting with the most recent. Please complete this section and attach additional sheets as needed even if you submit a resume.

1. **Employed From** _____ **To** _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone # _____
Supervisor's Email Address _____
Supervisor's Name and Title _____
Work Performed _____
Reason for Leaving _____
May we contact your present employer? YES NO
2. **Employed From** _____ **To** _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone # _____
Supervisor's Email Address _____
Supervisor's Name and Title _____
Work Performed _____
Reason for Leaving _____
3. **Employed From** _____ **To** _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone # _____
Supervisor's Name and Title _____
Supervisor's Email Address _____
Work Performed _____
Reason for Leaving _____
4. **Employed From** _____ **To** _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone # _____
Supervisor's Name and Title _____
Supervisor's Email Address _____
Work Performed _____
Reason for Leaving _____

REFERENCES

Give three or more references who can attest to your character, personality and work history. Do not include family members or supervisors listed on the previous page.

Name and Position	Email Address	Telephone Number

Have you worked or attended school under any other name? _____

OTHER QUESTIONS

1. Has anyone ever accused you of physical abuse, sexual abuse, or sexual harassment? _____

_____ YES _____ NO

If yes, give a short explanation of the complaint in the space below. Please indicate the date, nature and place of the incident leading to the accusation, and the disposition of the matter.

2. Have you ever been charged, arrested, or convicted of a felony or misdemeanor, regardless of the disposition of any such matter? _____

_____ YES _____ NO

If yes, give a short explanation of the incident in the space below. Please indicate the date, nature and place of the incident, the disposition of the allegations, and your employer at the time, including your employer's name, address, and telephone number.

3. Has any employer ever counseled you, reprimanded you, disciplined you, or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving record, your theft, or your mishandling of monies or company property? _____

_____ YES _____ NO

If yes, give a short explanation of the allegations in the space below. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including employer's name, address and telephone number.

APPLICANT'S DECLARATION, AUTHORIZATION AND RELEASE

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize the Employer and its agents to verify any information related to my application or resume. I also authorize and direct individuals, schools, employers, and law enforcement or government officials to freely provide any information concerning my background, and hereby release any and all of them from any liability for doing so. If I am employed, I understand that I will be employed on an at-will basis for an indefinite period of time and that my employer may terminate my employment at any time and for any reason.

Date

Signature

By placing my name in the signature field it constitutes an electronic signature agreeing to the above declaration, authorization and release

For Human Resources Department Use Only

First Interview _____
Name of Interviewer *Date*

Observations _____

Second Interview _____
Name of Interviewer *Date*

Observations _____

Employed: YES NO Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____ Supervisor _____

By _____ Date _____
Name and Title