# 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 (ho	me)			
Telephone Number (cel	1)	Email		
Are you 18 years of ag	e or older?	If hired, you may be		
When can you start?	Ho	w were you referred to us?		
Have you worked here	e or applied here before?	If so, when?		
For driving jobs <u>only</u> :	Do you have a valid drivers	s license and proof of insurance?		
		e Number cions of your drivers license in the j reparate sheet of paper.		
	POS	ITION DESIRED		
Position Title:				
Check One:	FULL TIME	PART TIME	EITHER	
	EDUCATI	ONAL BACKGROUND		
	Name and Location	Degree or Diploma Obtained	Subject Area	Dates
High School				
or GED Vocational				
Training				
College or				_
University				

# EMPLOYMENT EXPERIENCE

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
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	
Employed From	
Company Name	
Address	Your Department
City & State	Supervisor's Phone #
Supervisor's Name and Title	
Supervisor's Email Address	
Work Performed	
Reason for Leaving	
Employed From	
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 referen	nces who can	attest to your	character,	personality	and work	history.	Do not i	nclude f	family
members or supervisors lis						2			2

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?

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?

3. Has any employer ever counseled you, reprimanded you, disciplined you, or terminated your employment or have you ever terminated your own employment <u>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</u>?

YES NO

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

First Interview    Date      Name of Interviewer    Date      Second Interview    Name of Interviewer      Name of Interviewer    Date      Observations    Date      Observations    Date      Imployed:    YES    NO      Date of Employment		For Hu	man Resources Departi	ment Use Only	
Observations	First Interview	Name of Internioner		Date	
Name of Interviewer  Date    Observations					
Name of Interviewer  Date    Observations					
Employed:    YES    NO    Date of Employment	Second Interview	Name of Interviewer			
Employed:    YES    NO    Date of Employment					
Job Title Hourly Rate/Salary Department Supervisor By Date					
Department Supervisor By Date	Employed: YES	NO D	Pate of Employment		
By Date	lob Title		Hourly Rate/Salary		
By Date	Department		Supervisor		
	ByName			Date	