

APPLICATION FOR EMPLOYMENT



(PLEASE COMPLETE ALL INFORMATION)

POSITION APPLIED FOR: _____

NAME: First _____ Last _____ Middle _____

ADDRESS: Street _____

City _____ State _____ Zip _____

PHONE: Home _____ Cell _____

E-MAIL ADDRESS: _____

Have you previously applied for employment with us? _____ Yes _____ No

If yes, when and where did you apply? _____

Have you ever been employed with us? _____ Yes _____ No

If yes, provide dates of employment, location and reason for separation from employment.

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

EDUCATION	School Name and Location (Address, City, State)	Course of Study	Graduate? Y or N	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

WORK EXPERIENCE

Present or last employer: (Can we contact this employer now ___yes ___no)

Employer: _____ **Phone:** _____

Dates of employment: _____ to _____

Address: Street _____

City _____ State _____ Zip _____

Position Held: _____ **Name of supervisor:** _____

Ending salary: _____ **Reason for leaving:** _____

Previously employed by:

Employer: _____ **Phone:** _____

Dates of employment: _____ to _____

Address: Street _____

City _____ State _____ Zip _____

Position held: _____ **Name of supervisor:** _____

Ending salary: _____ **Reason for leaving:** _____

Previously employed by:

Employer: _____ **Phone:** _____

Dates of employment: _____ to _____

Address: Street _____

City _____ State _____ Zip _____

Position held: _____ **Name of supervisor:** _____

Ending salary: _____ **Reason for leaving:** _____

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co- worker)	TELEPHONE

Who recommended you to us? Name: _____

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver’s license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Celebration Church may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Celebration Church has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and /or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with Celebration Church’s policies and applicable federal, state, and local law.

If employed by Celebration Church, I understand and agree that Celebration Church, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentations, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS CHURCH IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE CHURCH OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF CELEBRATION CHURCH IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF CELEBRATION CHURCH, AND I UNDERSTAND THAT CELEBRATION

CHURCH HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize Celebration Church or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding Celebration Church's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Celebration Church or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability, Celebration Church and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize Celebration Church to provide truthful information concerning my employment to future employers and hold the church harmless for providing such information.

If hired by Celebration Church, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by Celebration Church. I also understand that Celebration Church employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION. **PLEASE NOTE: AN E-SIGNATURE IS THE LEGAL BINDING EQUIVALENT OF A TRADITIONAL HANDWRITEN SIGNATURE.**

Applicant Signature: _____ Date: _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or guardian constitutes acknowledgement by the applicant and the parent or guardian that Celebration Church, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Celebration Church personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian: _____ Date: _____

Witness: _____ Date: _____