# EMPLOYMENT APPLICATION

(This type of application should be completed by all who seek any position that will involve the supervision and/or custody of children or youth. You should tailor the application to the specific circumstances in your congregation. However, the employment application should include sections for personal identification, job qualifications, experience and background for the past 5-10 years, references, a criminal history, and a waiver/consent to a periodic criminal records check or fingerprinting.)

## APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| Name (Last) | (First) | (Middle) | Date |
| Address | City | State | ZIP Code |
| Telephone | Alternate Telephone | Best Contact Time | E-Mail Address |
| Driver's License No./Issuing State | | | |
| Position Apply For | Type of Work Desired<br>☐ Full-Time | ☐ Part-Time | ☐ Temporary/Contract |
| When Are You Available to Begin Work? | | Will You Work Overtime?<br>☐ Yes ☐ No | |
| If hired, can you provide evidence that you are authorized **and** of legal age to work in the United States?<br>☐ Yes ☐ No | | | |
| In Case of Emergency Notify | Telephone | Name of Nearest Relative | Telephone |

## EDUCATION

| ***TYPE*** | ***SCHOOL NAME/LOCATION*** | ***COURSE OF STUDY*** | ***NO. YEARS ATTENDED*** | ***DEGREE/DIPLOMA*** |
|---|---|---|---|---|
| HIGH SCHOOL | | | | |
| BUSINESS/TECHNICAL | | | | |
| COLLEGE | | | | |
| GRADUATE | | | | |
| OTHER | | | | |

| Professional Organizations: | |
|---|---|
| First-Aid Training?<br>☐ Yes ☐ No | Date Completed |
| CPR Training?<br>☐ Yes ☐ No | Date Completed |

**EMPLOYERS**

*(List all jobs and contracts held by you during the past five continuous years)*

**CURRENT EMPLOYER**

| Company Name | | | Telephone | | |
|---|---|---|---|---|---|
| Address | City | | State | | ZIP Code |
| Position Held | From | | To | Starting/Ending Salary | |
| Reason for Leaving | | | Supervisor | | |

**PREVIOUS EMPLOYER**

| Company Name | | | Telephone | | |
|---|---|---|---|---|---|
| Address | City | | State | | ZIP Code |
| Position Held | From | | To | Starting/Ending Salary | |
| Reason for Leaving | | | Supervisor | | |

**PREVIOUS EMPLOYER**

| Company Name | | | Telephone | | |
|---|---|---|---|---|---|
| Address | City | | State | | ZIP Code |
| Position Held | From | | To | Starting/Ending Salary | |
| Reason for Leaving | | | Supervisor | | |

## PREVIOUS EMPLOYER

| | | | |
|---|---|---|---|
| Company Name | | Telephone | |
| Address | City | State | ZIP Code |
| Position Held | From | To | Starting/Ending Salary |
| Reason for Leaving | | Supervisor | |

## PREVIOUS EMPLOYER

| | | | |
|---|---|---|---|
| Company Name | | Telephone | |
| Address | City | State | ZIP Code |
| Position Held | From | To | Starting/Ending Salary |
| Reason for Leaving | | Supervisor | |

## MILITARY STATUS

| | | | |
|---|---|---|---|
| Have You Served in the U.S. Armed Services?<br>☐ Yes ☐ No | Branch | Start Date | End Date |
| Rank/Rate at Discharge | Type of Service | Type of Discharge | |
| Special Training/Experience Received in the U.S. Armed Services | | Draft Status | Reserve Status |

## CRIMINAL HISTORY

| |
|---|
| Have you ever been *convicted* of a criminal offense?<br>Check One: ☐ Yes ☐ No |
| Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants)<br>Check One: ☐ Yes ☐ No |
| Are you currently on probation or parole?<br>Check One: ☐ Yes ☐ No |
| If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred. |

**PERSONAL REFERENCES:**

| Name | Address | Phone | Occupation | Relationship |
|---|---|---|---|---|
| Name | Address | Phone | Occupation | Relationship |
| Name | Address | Phone | Occupation | Relationship |

## APPLICANT STATEMENT

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I have reviewed the Authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

| Print Name | |
|---|---|
| Signature | Date |

**THIS FORM IS NOT APPROPRIATE FOR POSITIONS THAT HAVE ACCESS TO CHILDREN IN THE CARE AND CUSTODY OF THE ORGANIZATION. ADDITIONAL INFORMATION AND SCREENING IS ADVISED FOR SUCH POSITIONS.**

CHURCH MUTUAL INSURANCE COMPANY AND HERMES SARGENT BATES WISH TO POINT OUT THAT NO WARRANTY ATTACHES TO THESE DOCUMENTS, AND IN FACT, THESE DOCUMENTS MAY NOT BE APPROPRIATE FOR THE SPECIFIC NEEDS OF A PARTICULAR ENTITY. THESE DOCUMENTS ARE NOT A SUBSTITUTE FOR GOOD PRACTICE, PROPER SUPERVISION, AND DILIGENT OVERSIGHT AND CONTROL. THERE IS NO GUARANTEE THAT THESE DOCUMENTS WILL PROTECT ANY FACILITY THAT CHOOSES TO USE THEM. BEFORE USING THESE DOCUMENTS OR ANY SIMILAR DOCUMENTS, YOU SHOULD CONSULT WITH YOUR OWN ATTORNEY TO MAKE CERTAIN THAT THE DOCUMENT YOU EVENTUALLY USE IS CORRECT AND CURRENT UNDER THE LAW OF YOUR PARTICULAR JURISDICTION AND THAT THE DOCUMENT MEETS YOUR NEEDS FOR YOUR PARTICULAR SITUATION.