



## Application for Employment

*(Please print in blue/black ink)*

How did you learn about us?

Position Applied for	Date of Application
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<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Friend _____
<input type="checkbox"/> Relative _____	<input type="checkbox"/> Internet Site _____	<input type="checkbox"/> Other	

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number(s)	Cell	Other	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever completed an application with us before?  Yes  No

Have you been employed by us previously?  Yes  No If "yes", when? \_\_\_\_\_

Are you currently employed?  Yes  No

Are you authorized to work lawfully in the United States?  Yes  No

On what date would you be available to work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary?

### EMPLOYMENT

- Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number(s) \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Reason for Leave \_\_\_\_\_  
 Date: \_\_\_\_\_ To: \_\_\_\_\_
- Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number(s) \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Reason for Leave \_\_\_\_\_  
 Date: \_\_\_\_\_ To: \_\_\_\_\_

3. Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number(s) \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Reason for Leave \_\_\_\_\_  
 Date: \_\_\_\_\_ To: \_\_\_\_\_

**EDUCATION**

	Name and Address of School	Course of Study	Diploma/Degree Level
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.			
Describe any job-related training received in the United States military.			
List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:			

**Additional Information**

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that I may be subject to a background check, including Motor Vehicle Report if I will be operating a company vehicle during my employment. I also understand that my employment is contingent upon a negative drug screening conducted by a third party.

I acknowledge that North Oxford Baptist Church will E-Verify my status for employment, and I will be required to furnish identification for this purpose.

**I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME AND FOR ANY REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY AKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.**

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant    Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview?  Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Interviewer    Date

Employed?  Yes  No    Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Dept \_\_\_\_\_

NOTES:

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\_\_\_\_\_  
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