

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. Or Trade School				
Professional School				
Special Honors				

COMPUTER SKILLS (Only for positions which require computer skills)

Check off those computer skills which you are proficient (any version)

- PC User
 Macintosh User
 Windows
 Microsoft Word
 Microsoft Access
 Microsoft Excel
 Microsoft Publisher
 Web Page Design/
 /Maintenance
 E-Mail
 Internet
 Other. Please list _____

DRIVER'S LICENSE (Only for positions which require driving)

Do you have a driver's license? Yes No

Driver's License Number _____ State of Issue _____ Operator Commercial (CDL) Chauffer

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

MILITARY

Are you a veteran of the United States military service? Yes No If yes, what branch? _____

If yes, Date Entered _____ Date Discharged _____

If yes, please describe any special skills or training acquired while in the service:

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

Most recent Employer	Date Employed: From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Date Employed: From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Date Employed: From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Date Employed: From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

REFERENCES

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
City State Zip Code	City State Zip Code
Telephone (____) _____	Telephone (____) _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will employment in a nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTICE AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by Parklawn Assembly of God Church's designated health practitioner.

AGREEMENT

NOTE: We will conduct an investigation into whether you have been convicted of a Felony or Misdemeanor. Under our policy, past convictions may or may not disqualify you from a volunteer or staff position. The decisions will be made very carefully, considering all facts of the conviction(s) and the role for which you are applying. Your failure to disclose past convictions may disqualify you from obtaining employment with Parklawn Assembly of God.

I represent that all information that I submit to Parklawn Assembly of God in support of my application is true and complete. I understand that false information and omissions, in whole or in part, in support of my application, are likely to subject me to immediate discharge at any time during the period of employment, should I be hired. I authorize Parklawn to verify any and all information concerning my work history, experience, and education with the appropriate individuals, companies, institutions or agencies, and I authorize them to release records or summaries thereof without any obligation to provide me written notice of such disclosure. I will hold Parklawn and such persons or entities harmless from any liability whatsoever as a result of such disclosures.

Please print your name _____

Signature _____ Date _____