



APPLICATION FOR EMPLOYMENT
Please print or type all information except signature.

GENERAL INFORMATION

Date _____

Position(s) Applied For: (1) _____ (2) _____

Referral Source: Newspaper, PAOG Website, Employment Agency, PAOG Announcement, Walk-in, Relative/Referral, Other

Name: Last, First, Middle

Address: Number, Street, City, State, Zip

Home Telephone (____) _____ Cell Phone (____) _____

E-Mail address _____

If under 18, can you provide a work permit? Yes

Have you ever filed an application here before? Yes No If yes, give date

Have you ever been employed here before? Yes No If yes, give date

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Are you a United States citizen? Yes No If no, do you have a valid permit? Yes No

(Proof of citizenship or immigration status may be required upon employment)

Employment desired: Full-Time, Part-Time, Temporary, Internship

When are you available for work? _____

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Trade School				

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
 Powerpoint

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	
Starting Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	Ending Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	
Employer	Date Employed: From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Starting Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	Ending Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	
Employer	Date Employed: From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Starting Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	Ending Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	
Employer	Date Employed: From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Starting Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	Ending Salary: Annually <input type="checkbox"/> Hourly <input type="checkbox"/>	

REFERENCES

Please list two references other than relatives or previous employers.

Name _____

Position _____

Company _____

Address _____

Telephone (____) _____

Name _____

Position _____

Company _____

Address _____

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 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.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for termination or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____