

Application for Employment

PERSONAL INFORMATION Complete **all** applicable information

Name (Full – Last)		Name – First, MI):	
Position(s) applied for:		Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	
Street Address:		City	State Zip
Home Phone	Cellphone	Business Phone	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in writing.
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		When could you start employment?	
Have you ever applied for employment here? Yes <input type="checkbox"/> No <input type="checkbox"/> When?		How did you hear about this position?	

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		Name of Company		From Mo/Yr		To Mo/Yr	
Street Address:				City		State Zip	
Duties:				Reason for Leaving:			
Starting Annual Salary		Final Annual Salary		Bonus		Commission	
				May we contact your supervisor?			
Name of Supervisor				Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position		Name of Company		From Mo/Yr		To Mo/Yr	
Street Address				City		State Zip	
Duties:				Reason for Leaving:			
Starting Annual Salary		Final Annual Salary		Bonus		Commission	
Name of Supervisor				Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position		Name of Company		From Mo/Yr		To Mo/Yr	
Street Address				City		State Zip	
Duties:				Reason for Leaving:			
Starting Annual Salary		Final Annual Salary		Bonus		Commission	
Name of Supervisor				Title and Department of Supervisor		Phone Number of Supervisor	

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EDUCATION INFORMATION

High School or GED	City	State	Diploma	Subjects Studied	
College	City	State	Degree	Major	GPA
Graduate School	City	State	Degree	Major	GPA

GENERAL

What specific qualifications do you have for the position?

What business equipment can you operate? (For example, computers, copiers, etc.)

Are you available to travel?

Any limitations on your travel?

In what computer software programs are you **proficient**? Name the package(s). List any special certifications, etc.

Other Information: (Attach additional sheets if needed)

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Conditions of Employment

1. I authorize the investigation of all statements contained in this application. I understand that misrepresentation or material omission of facts is cause for dismissal, whenever such falsification or omission is discovered. I authorize all my previous employers and references to furnish any information concerning my personal character, habits or employment records. I release all such persons from liability or damages incurred as a result of this inquiry and furnishing this information. I further understand that any information omitted from this application could be considered grounds for immediate termination.
2. I understand and agree that my employment is for no definite period and may be terminated by me or Presbytery of St. Augustine at any time, for any reason, with or without cause or previous notice, regardless of the date of payment of my wages and salary. I also acknowledge that any offer of employment or my acceptance of any employment offer, may be withdrawn for any reason at any time, and without prior notice at the option of Presbytery of St. Augustine or me. No one can create a contract of employment either expressed or implied except in writing specifically to me.
3. If employed by Presbytery of St. Augustine, I will comply with all rules, regulations, and directives. I further understand that these rules and regulations may be changed, interpreted, withdrawn, or added to by Presbytery of St. Augustine at any time, at Presbytery of St. Augustine's sole option and without any prior notice to me.
4. In making this application for employment, I understand that a routine investigative report may be made. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. In addition, the report includes a criminal record check, driver's license check, education verification, and a public records check. I further understand that information obtained as part of this report may be considered grounds for immediate termination.
5. I voluntarily agree to submit to a drug test as part of my application for employment, if requested to do so. I understand that refusal to submit to the test or failure to pass the test according to the standards established by Presbytery of St. Augustine will disqualify me from further consideration for employment. I further understand that I may again be required to submit to a drug test during my employment with Presbytery of St. Augustine and if I refuse to take the test or fail to pass it according to the standards set by Presbytery of St. Augustine, I may be suspended or terminated immediately.

Signature

Date

Equal Opportunity Employer