



Employment Application (Please Print or Type All Information)

PERSONAL INFORMATION

| | | | |
|--|---------|----------|--------------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | SOCIAL SECURITY NUMBER |
| PHONE NUMBER(S) | | | DATE OF BIRTH (MONTH/DAY/YEAR) |
| HOME | CELL | BUSINESS | E-MAIL ADDRESS |
| TYPE OF EMPLOYMENT SEEKING | | | |
| <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERN | | | |

PLACES OF RESIDENCE

List places of residence for the last 10 years. Attach an additional sheet if required.

| NUMBER | STREET | CITY | STATE | ZIP | DATE | |
|--------|--------|------|-------|-----|------|----------------|
| | | | | | FROM | TO |
| | | | | | | <i>Current</i> |
| | | | | | | |
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CITIZENSHIP CERTIFICATION

1. Are you a citizen of the United States? If no, list Alien Registration #
2. Have you ever been convicted of a crime? (You may omit minor traffic violations and offenses committed before your 18th birthday.)
 If **yes** please show for each offense date, charge, place, court, and action taken, on a signed and dated separate sheet.
3. I certify that all information given by me on this application, or in supplemental form, is true and correct to the best of my knowledge, and I understand that false or misleading statements or consequential omissions of any kind are sufficient cause for dismissal.
4. I understand that in connection with my application for employment and inquiry into my background may include investigative and I give my consent for this investigation.
5. I authorize the references and/or employers listed on this application to give you any information requested for my employment.
6. **THIS ORGANIZATION DOES NOT HIRE PERSONS WHO USE ILLEGAL DRUGS. ALL PERSONS SEEKING EMPLOYMENT OR EMPLOYED WITH THIS ORGANIZATION MUST BE DRUG FREE.**

APPLICANT'S SIGNATURE

DATE

I have never participated in, been accused or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct

APPLICANT'S SIGNATURE

DATE

EDUCATIONAL EXPERIENCE

| Type of School | Name & Address of School | Dates Attended | | GRADUATED | | Degree, Major, and Grade Point Average |
|--|--------------------------|----------------|----|-----------|----|--|
| | | FROM | TO | YES | NO | |
| High School | | | | | | |
| All Colleges or Universities | | | | | | |
| | | | | | | |
| | | | | | | |
| Vocational Schools & Technical Institutes | | | | | | |
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| Other Training (Military Schools and Equivalency Diplomas) | | | | | | |
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| DRIVERS LICENSE | NUMBER | STATE ISSUED | SPECIAL QUALIFICATIONS (ex; CDL) |
|-----------------|--------|--------------|-------------------------------------|
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Achievements and Activities (List academic honors, Scholarships, memberships in academic honorary societies, or participation in or offices held in extracurricular activities your consider significant.

EMPLOYMENT EXPERIENCE: Account for all periods of employment or unemployment for the past 15 years. Include military service. If more space is needed, continue on a separate sheet.

| | | |
|---------------------------------|--------------------|--|
| NAME OF CURRENT EMPLOYER | | ADDRESS |
| DATE STARTED (MO & YR) | ANNUAL START WAGES | STARTING POSITION |
| DATE STOPPED (MO & YR) | ANNUAL FINAL WAGES | PRESENT OR FINAL POSITION |
| NAME & TITLE OF YOUR SUPERVISOR | | REASON FOR LEAVING OR DESIRING CHANGE? |
| YOUR POSITION AND DUTIES | | |

| | | |
|---------------------------------|--------------------|--|
| NAME OF EMPLOYER | | ADDRESS |
| DATE STARTED (MO & YR) | ANNUAL START WAGES | STARTING POSITION |
| DATE STOPPED (MO & YR) | ANNUAL FINAL WAGES | PRESENT OR FINAL POSITION |
| NAME & TITLE OF YOUR SUPERVISOR | | REASON FOR LEAVING OR DESIRING CHANGE? |
| YOUR POSITION AND DUTIES | | |

| | | |
|---------------------------------|--------------------|--|
| NAME OF EMPLOYER | | ADDRESS |
| DATE STARTED (MO & YR) | ANNUAL START WAGES | STARTING POSITION |
| DATE STOPPED (MO & YR) | ANNUAL FINAL WAGES | PRESENT OR FINAL POSITION |
| NAME & TITLE OF YOUR SUPERVISOR | | REASON FOR LEAVING OR DESIRING CHANGE? |
| YOUR POSITION AND DUTIES | | |

REFERENCES DO NOT LIST RELATIVES OR FORMER EMPLOYERS

| NAME | HOME ADDRESS | PHONE NUMBER | OCCUPATION |
|------|------------------|--------------|------------|
| | CITY, STATE, ZIP | | |
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Release Authorization

Applicant Complete the Following

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report and criminal background check may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Mississippi Department of Labor.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Madison Heights Church, PCA or its agent, to furnish the information described in Section 1.
- V. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Madison Heights Church, PCA. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 004 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

| | | | |
|-----------------------------|------|-------|--------|
| Please print your full name | LAST | FIRST | MIDDLE |
|-----------------------------|------|-------|--------|

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|--|
| Please print other names you have used |
|--|

| | | |
|--------------|-------|----------|
| Home Address | | |
| City | State | Zip Code |

| | |
|------------------------|---------------|
| Social Security Number | Date of Birth |
|------------------------|---------------|

| | |
|------------------------|-------------------------------|
| Drivers License Number | Name as it appears on license |
|------------------------|-------------------------------|

Signature

Today's Date