

APPLICATION FOR EMPLOYMENT

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, physical or mental handicap, veterans status and citizenship status. The receipt of this application does not mean that job openings exist or does not obligate us in any way. We appreciate your interest in our organization.

While completing this application if you find it necessary to provide additional comments or explanations to questions asked, please attach additional sheets of paper. PLEASE PRINT OR TYPE ALL INFORMATION!

Date Prepared _____

PERSONAL INFORMATION					
Name _____			Social Security No. _____		
Last	First	Middle Initial			
Present address _____				Home phone () _____	
No.	Street	City	State	Zip	
How long have you lived at above address? _____					
Previous address _____				How long did you live there? _____	
No.	Street	City	State	Zip	
Are you over the age of 18? [] Yes [] No If no, employment is subject to verification that you are of minimum legal age.					
What languages can you read, speak and write fluently? _____					
Are you a citizen of the United States? [] Yes [] No					
If not a citizen of the U.S., can you provide proof that you can legally be employed in the U.S.? [] Yes [] No					

EMPLOYMENT INFORMATION					
Position applying for _____			Date available for work _____		
What salary/hourly rate do you expect? _____					
Type of employment: [] Full Time [] Part Time [] Temporary					
What days and hours if part time? _____					
From	() AM	() PM	To	() AM	() PM
Have you ever applied for a job with us before? [] Yes [] No					
Have you ever worked for us before? [] Yes [] No					
Have you ever been bonded? [] Yes [] No					
Have you ever been refused bond? [] Yes [] No If yes, state reason and date _____					
Have you ever been convicted of any crime other than a minor traffic violation? [] Yes [] No					
If yes, state date, court and place where offense occurred _____					
Have you ever been discharged or requested to resign from a position? [] Yes [] No					
If yes, explain _____					
Does your present employer know of your plans to change employment? [] Yes [] No					
Why do you desire to make a change? _____					
Have you ever held a position of trust (handling money or confidential material)? [] Yes [] No					
How much time have you lost from work during this past year? _____					
Would you have steady transportation to work? [] Yes [] No					
Do you have any personal responsibilities or problems that may affect your daily attendance? [] Yes [] No					
If yes, explain _____					
Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____					

EDUCATION INFORMATION					
Schooling	Years Completed	Degree Rec. and Major Sub.	Name of School	Location	Did You Graduate?
Grammar or High School					
Trade Bus. or Correspondence					
College					
Graduate School or Seminary					
Describe any other specialized or professional training (such as computers, etc.). If you are presently enrolled in school, what are you studying? _____					

CHURCH AFFILIATION

Please list your church membership(s) over the past five years:

Current Church _____	Dates attended _____	City/State _____	Phone # _____
Previous Church _____	Dates attended _____	City/State _____	Phone # _____
Previous Church _____	Dates attended _____	City/State _____	Phone # _____
Previous Church _____	Dates attended _____	City/State _____	Phone # _____

PRIOR WORK RECORD (Start with most recent or present employer)

1 Name of Most Recent Employer _____ Telephone No. _____
Address _____
Name & Position of Immediate Supervisor _____ Date of Employment: From _____ To _____
Your Position or Title _____ Starting Rate \$ _____ Ending Rate \$ _____
Describe Your Duties _____
Reason For Leaving _____

2 Name of Employer _____ Telephone No. _____
Address _____
Name & Position of Immediate Supervisor _____ Date of Employment: From _____ To _____
Your Position or Title _____ Starting Rate \$ _____ Ending Rate \$ _____
Describe Your Duties _____
Reason For Leaving _____

3 Name of Employer _____ Telephone No. _____
Address _____
Name & Position of Immediate Supervisor _____ Date of Employment: From _____ To _____
Your Position or Title _____ Starting Rate \$ _____ Ending Rate \$ _____
Describe Your Duties _____
Reason For Leaving _____

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact _____

PERSONAL REFERENCES

(Do not list relatives or previous supervisors)

Name _____	Phone No. _____	Years known _____	Occupation _____
Name _____	Phone No. _____	Years known _____	Occupation _____
Name _____	Phone No. _____	Years known _____	Occupation _____

APPLICANT'S STATEMENT - READ CAREFULLY!

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on my application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice in compliance with applicable laws or statutes.

I understand that employment at this organization is "at will", and includes no guarantee, contract, or promise of employment for any specified length of time. I further understand that a criminal record check may be conducted on me, and I consent to any such check.

I authorize the use on any information in this application and any attached supplements to verify my statements, and I authorize the past employers, schools, churches, all references, and any other persons or organizations, whether or not identified in this application, to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any and all liability or damages on account of having furnished such information.

Signature of Applicant _____

Date _____

NOTE If this application is returned by mail, please address it to: "Attn. Personnel Committee" and mark the envelope "Personal and Confidential".

AUTHORIZATION FOR CRIMINAL/COURT RECORDS CHECK

RELEASE AUTHORIZATION

- 1 In connection with my application for placement, I understand that an investigative report will be requested that will include information as to my character, work habits, performance, and experience, along with reasons for disciplinary action or termination or past employment. I understand that as directed by policy and consistent with the position described, you may be requesting information from public and private sources about my criminal record, driving record, education, and previous employment.

- 2 The fact that applicants have a criminal record will not be an automatic bar to employment or work as a volunteer. Factors such as age at the time of the criminal offense, seriousness and nature of the violation, time elapsed and subsequent rehabilitation will be taken into account.

- 3 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.

- 4 I hereby authorize, without reservation, any law enforcement agency, court, institution, information service bureau, school, employer, or other organization or person contacted by the employer or its agent to furnish the information described in the attached request.

- 5 Furthermore, I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify EMBC and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee or volunteer.

PLEASE COMPLETE THE FOLLOWING

Signature

Today's Date

Please print your full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Please print other last names you have used

Home Address

City

State

Zip

Social Security #

Date of Birth

Driver's License #

Name as it appears on license

State issuing license

AFFIDAVIT OF GOOD MORAL CHARACTER

State of _____ County of _____

Before me this day personally appeared _____ who, being duly sworn, deposes and says:

As an applicant for employment or volunteer service with _____ (name of church) I hereby attest to meeting the requirements for employment and volunteer service, that I am of good moral character, that I have not been found guilty of, or entered a plea of nolo contendere or guilty to, any offense prohibited under any of the following provisions of State or Federal Statutes or under any similar statute of another jurisdiction. I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition alleging delinquency, for any of the following acts. I understand I must acknowledge the existence of any criminal or delinquency record regardless of whether I was adjudged guilty by the court and regardless of whether or not those records have been sealed or expunged.

- _____ abuse, neglect or exploitation of aged or disabled persons
- _____ domestic violence
- _____ murder
- _____ manslaughter
- _____ vehicular homicide
- _____ killing of an unborn child by injury to the mother
- _____ assault, if the victim of the offense was a minor
- _____ aggravated assault
- _____ kidnapping
- _____ battery, if the victim of the offense was a minor
- _____ aggravated battery
- _____ false imprisonment
- _____ moving children from the state or concealing children contrary to court order
- _____ sexual battery
- _____ prohibited acts or persons in familiar or custodial authority
- _____ prostitution
- _____ lewd and lascivious behavior
- _____ lewdness and indecent exposure
- _____ arson
- _____ robbery
- _____ fraudulent sale of controlled substances, only if the offense was a felony
- _____ incest
- _____ aggravated child abuse
- _____ child abuse
- _____ negligent treatment of children
- _____ sexual performance by a child
- _____ obscene literature
- _____ drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor.

I further attest that I have not been judicially determined to have committed abuse or neglect against a child; nor do I have a confirmed report of abuse, neglect or exploitation which has been uncontested or upheld.

Under the penalty of perjury, I attest that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Affiant

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Public

State of _____

My Commission Expires _____

Verification or witness signature to affiant's identification

AUTHORIZATION AND RELEASE OF INFORMATION

I authorize _____ and its agents to contact any references or employers as listed on my application for employment to confirm the information which was supplied by me and/or obtain other material information about my employment. I authorize all references and employers to release any information about my qualifications. I also release any references or employers which provide information from any and all liability for providing that information.

Date _____

(Signature)

(Print Name)

HALF SHEET FORM