

Friendship Church

17741 Fairlawn Ave., Prior Lake, MN 55372

APPLICATION FOR EMPLOYMENT

~CONFIDENTIAL~

This application is to be completed by applicants for any position (volunteer or compensated.) Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

Last Name	First Name	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Are you legally eligible for employment in the United States?			Social Security #
Position Desired			Pay Expected

Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>	When will you be available to begin Work? _____	Have you ever been bonded? Yes ____ No ____ If "Yes", with what employers?
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Other special training or skills (languages, machine operation, etc.)

Personal Situations

Are you ... Single Married Widowed Divorced

Do you have children of your own? Yes No Ages:

Does your history include any of the following:

- | | | |
|---|---|--|
| alcohol abuse <input type="checkbox"/> Yes <input type="checkbox"/> No | criminal arrest <input type="checkbox"/> Yes <input type="checkbox"/> No | pornography <input type="checkbox"/> Yes <input type="checkbox"/> No |
| drug abuse <input type="checkbox"/> Yes <input type="checkbox"/> No | criminal conviction <input type="checkbox"/> Yes <input type="checkbox"/> No | child abuse <input type="checkbox"/> Yes <input type="checkbox"/> No |
| physical abuse <input type="checkbox"/> Yes <input type="checkbox"/> No | guilty plea to a crime <input type="checkbox"/> Yes <input type="checkbox"/> No | child molestation <input type="checkbox"/> Yes <input type="checkbox"/> No |
| sexual abuse <input type="checkbox"/> Yes <input type="checkbox"/> No | child neglect <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If you selected yes to any of the above, please explain.

Have you ever been treated for a psychiatric disorder? Yes No If yes, please explain:

Is there any circumstance or pattern in your life that would compromise the integrity of Friendship Church?

Yes No If yes, explain:

SPIRITUAL INFORMATION

Do you regularly attend weekend services? Yes No

If yes, since when: Month _____ Year _____

In what areas of church ministry are you presently involved?

Have you personally accepted Jesus Christ as your Lord and Savior, and are you committed to having the character of Jesus live through you? Yes No

Tell us about your spiritual journey to date:

I would like this position because:

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Employer 1

Company Name	Employed – (State month and year) From _____ To _____
Address	Telephone (_____) _____
Name of Supervisor	Weekly pay Start _____ Last _____
State job Title and Describe Your Work	Reason for leaving

Employer 2

Company Name	Employed – (State month and year) From _____ To _____
Address	Telephone (_____) _____
Name of Supervisor	Weekly pay Start _____ Last _____
State job Title and Describe Your Work	Reason for leaving

MILITARY

Did you serve in the U.S. Armed Forces? Yes No If yes, in what branch?

Describe any training received relevant to the position for which you are applying.

Do Not Contact

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer Number (s) _____ Reason _____

EDUCATION					
School	Name and location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
College					
Business/ Trade/ Technical					
High School					
Computer Training					

Applicant's Signature

Please read and understand this statement before signing your application:

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including) that they have regarding my character.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 60 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, giving two weeks notice, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Applicant's Signature _____ Date _____

Witness _____ Date _____

Parent Signature _____ Date _____
(if student helper is applicant)

Request for Criminal Records Check and Authorization
Important: This section must be completed by every applicant regardless of criminal record.

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure.

Signature _____ Date _____

Print Name _____ (Print Maiden Name) _____

Print all Aliases _____

Date of Birth _____ Place of Birth _____

*Driver's License Number and State _____

Social Security Number _____ Today's Date _____

FOR EMPLOYER'S ONLY

REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		
4		

INTERVIEW RESULTS

Interviewer Name and Comments
