

APPLICATION FOR EMPLOYMENT

POSITION: _____

BASIC INFORMATION

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Are you legally eligible for employment in the U.S.? YES NO

Do you have a regular means of transportation? YES NO

EDUCATION

LEVEL OF EDUCATION	SCHOOL NAME & LOCATION	YEARS ATTENDED	DEGREE	COURSE OF STUDY

EMPLOYMENT HISTORY

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ DATES: _____

DUTIES: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ DATES: _____

DUTIES: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ DATES: _____

DUTIES: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ DATES: _____

DUTIES: _____



VOLUNTEER HISTORY

ORGANIZATION	PHONE	DATES	DUTIES

U.S. ARMED FORCES HISTORY

Complete this section if you have served in the U.S. Armed Forces. Positions that require special registration or certification - Proof of above will be required upon hire.

BRANCH OF SERVICE: _____

PERIOD OF ACTIVE SERVICE: _____

DATE OF FINAL DISCHARGE: _____

DUTIES: _____

PROFESSIONAL REGISTRATION: _____

LICENSE/CERTIFICATION #: _____

STATE/AGENCY: _____



REFERENCES

Please list three references (people who are not related to you by blood or marriage) and provide complete information for each. Information obtained through references will be kept confidential. First Church Williamsport may contact employers listed above unless indication is given otherwise.

REFERENCE 1

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO REFERENCE: _____

REFERENCE 2

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO REFERENCE: _____

REFERENCE 3

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

RELATIONSHIP TO REFERENCE: _____



PERSONAL DETAILS

Use this space to detail any further specialized training, apprenticeship, skills, civic activities, offices, or any additional information you feel would be beneficial to First Church Williamsport in evaluating your application:

NOTE

We consider applicants for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

All positions at First Church require a completed PA Child Abuse History Clearance, a completed PA Request for Criminal Record Check, and a FBI fingerprint/criminal record check.

Clearances must be submitted with application.

SIGNATURE

I certify that I have not knowingly withheld any facts or circumstances that would detrimentally affect this application. It is agreed that any misrepresentation by me in this application will be sufficient cause for cancellation or for dismissal from service if I am employed.

I hereby authorize First Church Williamsport to contact my former employers or volunteer agencies unless otherwise indicated to make inquiries regarding my work record, and/or to contact listed schools for the release of records and transcripts.

FULL NAME: _____

DATE: _____

