



# centerpoint CHURCH

## APPLICATION FOR EMPLOYMENT

Please note: Where more space is required, use separate sheet & please print!

Today's Date: \_\_\_/\_\_\_/\_\_\_ Date available to work: \_\_\_/\_\_\_/\_\_\_ Desire: Full Time/Part Time/Temporary

Position(s) applying for: \_\_\_\_\_ Pay rate desired: \_\_\_\_\_

### GENERAL INFORMATION

Name \_\_\_\_\_  
Last First MI

Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Evening

Address \_\_\_\_\_  
Street Address City State ZIP

Are you 18, years of age or older? _____	Yes	No
If under 18, can you provide a work permit if required? _____	<input type="checkbox"/>	<input type="checkbox"/>
If hired, can you provide written evidence that you are authorized to work in the U.S? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there currently any felony charges against you? _____	<input type="checkbox"/>	<input type="checkbox"/>
If yes to either above, please state date, place & nature of conviction (a conviction does not constitute automatic bar from employment): _____		

### EDUCATION

Name of School & Location	# of Years Attended	Graduated? (Yes or No)	Major	Degree/Cert. Received
High School				
College				
Technical Training				
Other				

### MILITARY

Branch	Years From	Rank at Discharge	Training Received
	From: To:		

## REFERENCES

List below three persons, not related to you, which have known you for more than one (1) year

Name	Address	Phone	Business	Years Acquainted

## EMPLOYMENT HISTORY

List all employers for the last five years, starting with present or most recent employer (use additional sheet if necessary)

Dates (Month & Year)	Employer's Name, Address & Phone	Supervisor's Name & Title	Position(s)	Salary (Start/end)
From:				
To:				
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-Off Other (explain): _____				
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If no please explain: _____				

Dates (Month & Year)	Employer's Name, Address & Phone	Supervisor's Name & Title	Position(s)	Salary (Start/end)
From:				
To:				
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-Off Other (explain): _____				
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If no please explain: _____				

Dates (Month & Year)	Employer's Name, Address & Phone	Supervisor's Name & Title	Position(s)	Salary (Start/end)
From:				
To:				
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-Off Other (explain): _____				
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If no please explain: _____				

## TO BE READ AND SIGNED BY ALL APPLICANTS

Applicants are considered for employment without regard to race, religion, color, national origin, sex, age, marital status or the presence of any disability unless such disability effectively prevents the performance of the essential duties and functions required of the position.

If you have a physical, mental or medical impairment which would interfere with your ability to perform in a position at the Company but which may be accommodated by, for instance, the purchasing of equipment or devices, the provision of readers or interpreters or the restructuring or altering of work schedules, Michigan law requires that you notify the Company in writing of your need for accommodation within 182 days after you become aware or should reasonably have known the accommodation was needed.

**NOTICE: DRUG TESTING:** It is our policy to maintain a work place that is free from the effects of both legal and illegal drugs and/or alcohol abuse. We may conduct drug testing of job applicants. Should we consider you for employment, you may be contacted regarding the time and location of the drug test. Refusal to take or failing the drug test will disqualify you from considerations for employment.

I understand that this application is not a contract of employment. I certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I hereby authorize all persons and institutions mentioned on this application to give information relative to possible future employment. I agree to release said persons, institutions, Centerpoint Church from all liability in regard to the final outcome(s) due to the transmission of reference material. I understand that falsification of any material information on this application may be considered sufficient cause for immediate termination. I understand that the employer follows an "employment at will" in that I, or the employer, may terminate my employment at any time for any reason consistent with applicable State or Federal law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date