

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLYING FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

Are you eligible to work in the United States? ____ Yes ____ No

Have you been convicted of a felony? ____ Yes ____ No

Are you a member of the congregation? ____ Yes ____ No

Do you know a member of the congregation? ____ Yes ____ No

If Yes, who? _____

Are you able to perform the essential functions of the job for which you are applying for, with or without a reasonable accommodation? ____ Yes ____ No

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City

State

Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES

Give the names of three people not related to you, whom you have known at least three (3) years.

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

DISCLAIMER

Applicant understands that Zion's Union Church Maxatawny ("Zion's") is an equal opportunity employer. Zion's does not discriminate in employment with regard to race, color, religion, national origin, ancestry, age, sex, sexual orientation, marital status, disability, military status or any other characteristic protected by federal, state or local law.

Applicant understands that neither the completion of this application nor any other party of my consideration for employment establishes any obligation for Zion's to hire me. I understand that every job offer is conditioned upon the successful completion of any background checks required by Zion's including, a background check through the Pennsylvania State Police and a Child Abuse Clearance with the Pennsylvania Department of Human Services.

I attest with my signature below that the information I provided in this application is true and complete. I understand that any false or misleading information in my application or interview may result in disqualification for employment consideration or, if hired, may be grounds for termination of employment. I authorize Zion's to contact the references I provided in this application.

SIGNATURE _____ **DATE** _____

PRINT NAME _____