



Employment Application

We Are An Equal Opportunity Employer.
**Federal, State, and Local Laws Prohibit Discrimination on the Basis of Race
 Color, Religion, Sex, Age, National Origin, or Disability.**

PERSONAL INFORMATION		PLEASE PRINT CLEARLY			
Last Name	First Name	MI.	Social Security #	Email Address	
Address		City	State	Zip Code	Home Phone () -
Have you been employed by Ginghamsburg Church? <input type="checkbox"/> No <input type="checkbox"/> Yes, date of employment:		Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain on page 2. (A conviction record will not necessarily be a bar to employment.)			
Are you under 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes, If "yes" give date of birth: / /		Are you related to anyone in our employment? <input type="checkbox"/> No <input type="checkbox"/> Yes Name:			
Do you attend Ginghamsburg Church? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a member? <input type="checkbox"/> No <input type="checkbox"/> Yes		Position Desired	Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Pay Expected \$	
How did you hear about us?					

EMPLOYMENT (List Most Recent Job First)			
Company	Address	Supervisor/Title	
Phone Number () -	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title/Duties Performed	
Date of Employment From: To:	Reason For Leaving	Rate of Starting Pay \$	Rate of Ending Pay \$
Company	Address	Supervisor/Title	
Phone Number () -	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title/Duties Performed	
Date of Employment From: To:	Reason For Leaving	Rate of Starting Pay \$	Rate of Ending Pay \$
Company	Address	Supervisor/Title	
Phone Number () -	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title/Duties Performed	
Date of Employment From: To:	Reason For Leaving	Rate of Starting Pay \$	Rate of Ending Pay \$

EDUCATION (Name, City, & State of School)	YRS COMPLETED	MAJOR	DIPLOMA/DEGREE	DID YOU GRADUATE?
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes
College <input type="checkbox"/>				<input type="checkbox"/> No <input type="checkbox"/> Yes
Technical/Other <input type="checkbox"/>				<input type="checkbox"/> No <input type="checkbox"/> Yes

REFERENCES (Not relatives) Give three work related references.			
Name 1.	Company/Position	City & State	Work Phone Number () -
2.			() -
3.			() -

SIGNATURE	
<p>I certify that the information contained on this application is correct and understand that any material misrepresentation or omission of a fact in my application may be justification grounds for dismissal. I authorize investigation of all statements contained in this application, a criminal history and credit history on me, and I release all parties from all liability from furnishing this information to you. I understand and agree that Ginghamsburg Church 's employment policies, manuals, and handbooks are not expressed or implied contracts and that these documents, wages, benefits, and other terms and conditions of employment may be changed at Ginghamsburg Church's discretion at any time. I understand and agree that my employment with Ginghamsburg Church will not be for a fixed period of time and that it can be terminated by me or Ginghamsburg Church at any time for any reason without liability to me for wages, salary, or benefits except what I have earned as of the date of termination.</p>	
Signature	Date

Use this space to explain any conviction of felony or misdemeanor:



AUTHORIZATION TO OBTAIN CONSUMER REPORT
PURSUANT TO 15 U.S.C.S1681b (b) (2) (B)

I authorize Ginghamburg Church to obtain report for employment purposes. I understand that inquiry may include, but not limited to: conviction records, motor vehicles records, credit checks, references, and copies of prior personnel files.

Date: ____ / ____ / ____

Printed name of Authorizing Customer: _____

Date of

Birth: ____ / ____ / ____

Social Security Number: ____ - ____ - ____

Driver's License (Optional): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

This authorization is given to the Fair Credit Reporting Act, 15 U.S.C.S 1681b (b) (2) (B)

Note: The FCRA requires that a consumer must authorize in advance the procurement of a consumer report for employment purposes.

Authorizing Consumer Signature: _____

CHURCH USE ONLY:

Staff member requesting background check: _____

States you want searched: _____

Date Background Check is Ordered: ____ / ____ / ____

Remember all background checks are charged to 5838-01-01

Special instructions: _____

Search Completed (please check box) Date Completed: ____ / ____ / ____