



## Employment Application

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			
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 <i>(List Most Recent Job First)</i>				
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 <small>(Name, City, &amp; State of School)</small>	YRS COMPLETED	MAJOR	DIPLOMA/DEGREE	DID YOU GRADUATE?
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes
College				<input type="checkbox"/> No <input type="checkbox"/> Yes
Technical/Other				<input type="checkbox"/> No <input type="checkbox"/> Yes

REFERENCES <i>(Not relatives) Give three work related references.</i>			
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

Employee

Servant

# NOTICE AND ACKNOWLEDGMENT

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

## NOTICE REGARDING BACKGROUND INVESTIGATION

Ginghamsburg Church may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at anytime after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by [consumer reporting agency name, address, and telephone number – including toll-free number] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Use of date of birth is for identification purposes only. Ginghamsburg Church is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

## ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer credit report if one is obtained by the Company at no charge whenever you have the right to receive such a copy under California law.

Name of Authorizing Consumer: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License (Optional): \_\_\_\_\_

Signature of Authorizing Consumer: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Requestor: \_\_\_\_\_