## **APPLICATION**

## **FOR EMPLOYMENT**

We consider applicants for all positions without regard for race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)							
Position(s) For Which You	are Applying				Date of Application	n	
How Did You Learn About	Ha2						
		Church Dullatin / Announcement	_	Inquier			
☐ Advertisement	☐ Friend	☐ Church Bulletin / Announcement					
☐ Employment Agency	☐ Relative	☐ Church Website		Otner			
Last Name		First Name		Mic	ddle Name		
Address		City		State	Zip Code		
Telephone Number(s)				Social Secu	rity Number		
Best time to contact you a	t home is:					: 6	am / pm
If you are under 18 years of age, can you provide required proof of your eligibility to work?							□ No
Have you filed an Application with us previously?							□ No
If 'yes', give date	·						
Have you previously been employed by St. Paul's or the Early Learning Center?							□ No
If 'yes', give date							
Do any of your friends or relatives work for St. Paul's or the Early Learning Center?						□ Yes	□ No
If 'yes', provide name, relationship, location:							
Are you currently employe	ed?					☐ Yes	□ No
May we contact your pres	ent employer?					☐ Yes	□ No
Are you prevented from lawfully becoming employed in this country due to Visa or Immigration Status?  Proof of citizenship or immigration status will be required upon employment.						☐ Yes	□ No
Date available to work:/ What is your desired salary range?							
Please indicate when you are available to work:  □ Full Time □ Part Time (Please indicateMorningAfternoonEvening)							
Are you currently on "lay-	off" status and s	ubject to recall?				□ Yes	□ No
Please be aware that many positions within the church require a criminal background check.							
WE ARE AN EQUAL OPPORTUNITY EMPLOYER							

## **EDUCATION**

School	Name and Address of Sch	ool	Course of Study		ly	Years Completed	Diploma / Degree	
High School								
Undergrad College								
Graduate/ Professional								
Other (Please Specify)								
WORK EXPER	IENCE (please start with your p	resent or l	last jo	b)				
Employer		Da	ates Er	nployed		Work Pe	erformed	
Address		From:		То:				
City, State, Zip		Hourly	y Rate	/ Salary				
Telephone Numl	ber(s)	Startir	ng	Final	Sup	ervisor		
Starting/Present	t Title				May	we contact?	Yes 🗖 No	
Employer		Da	ates Er	nployed		Work Pe	erformed	
Address		From:		То:				
City, State, Zip		Hourly	y Rate	/ Salary				
Telephone Num	ber(s)	Startin	ng	Final	Sup	ervisor		
Starting/Present	t Title				May	we contact?	Yes 🗆 No	
Employer		Da	ates Er	nployed		Work Pe	erformed	
Address		From:		То:				
City, State, Zip		Hourly	y Rate	/ Salary				
Telephone Numl	ber(s)	Startir	ng	Final	Sup	ervisor		
Starting/Present	t Title				May	we contact?	Yes 🗖 No	
Employer		Da	ates Er	nployed		Work Pe	erformed	
Address		From:		То:				
City, State, Zip		Hourly	y Rate	/ Salary				
Telephone Num	ber(s)	Startin	ng	Final	Sup	ervisor		
Starting/Present	t Title				Мау	we contact?	Yes 🗖 No	
Please provide	explanation for any gaps in emp	oloyment:						

Describe any pertinent specialized training, apprenticeship, skills and extra-curricular activities.						
Describe any job-related to	raining received in th	e US military.				
List professional, trade, business or civic activities and offices held.						
and professional, trade, business of civic activities and offices field.						
Additional Information an	d Specialized Skills (p	olease provide additional i	nformation you feel may be	helpful when considering your application.)		
I have received and read a copy of thePosition Description, and am capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job for which I am applying.  I Yes						
PERSONAL / PROFESSION	AL REFERENCES					
Name	Phone Number	Best Time to Call	E-Mail Address	Occupation/Title		
APPLICANT'S STATEMENT I certify that answers provided herein are true, accurate and complete. I authorize investigation of all statements, as may be necessary, to arrive at an employment decision. This application will be considered active for no longer than 60 days. I understand that any employment relationship with St. Paul's is of an "at will" nature, which means that the employee may resign at any time and St. Paul's may discharge the employee at any time, with or without cause.  In the event of employment, I understand that false or misleading information provided on this application or during interview(s). I understand, also, that I am required to abide by the rules and regulations of the employer as noted in the St. Paul's Employee Handbook and in other St. Paul's policy and procedure documents.						
Applicant Signature		Applicant Pr	inted Name	Date of Application		