

# Carmel Presbyterian Church Employment Application Form

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE  
PLEASE COMPLETE ALL FOUR (4) PAGES**

POSITION TITLE							
NAME & ADDRESS							
Name (First, MI, Last)					Social Security Number		
Address							
City, State, Zip							
Phone				Alternate Phone			
Email							
JOB TYPE							
Days/hours available to work							
<input type="checkbox"/> No Preference	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Employment desired?		<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time		<input type="checkbox"/> Either	
Can you work nights?			<input type="checkbox"/> Yes			<input type="checkbox"/> No	
How many hours can you work weekly?			Date you are available to start?			If under 18, please list age	
Minimum salary requirement?							
ADDITIONAL INFORMATION							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a US Citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgement to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:							
Do you have a valid driver's license?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's license number?				State of issue?			

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EDUCATION				
School	Address	Yrs Completed?	Major	Degree or Diploma
High School				
College or Business/Trade School				
OFFICE / SECRETARIAL APPLICANT ONLY				
Computer skills/training:			Typing WPM	
MS Word <input type="checkbox"/>	MS Excel <input type="checkbox"/>	MS PowerPoint <input type="checkbox"/>	MS Publisher <input type="checkbox"/>	Website <input type="checkbox"/>
Other (list)				
WORK EXPERIENCE				
Please list your work experience for the past five (5) years starting with your most recent job and attach your resume.				
Company #1		Supervisor's Name		Hrs/Wk
Address		Start Date		End Date
City, State, Zip Code		Starting Salary		Ending Salary
Phone Number		Last Job Title		
Reason for Leaving				
List the jobs you held, duties performed, skills used or learned, advancements or promotions				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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Company #2	Supervisor's Name	Hrs/Wk
Address	Start Date	End Date
City, State, Zip Code	Starting Salary	Ending Salary
Phone Number	Last Job Title	
Reason for Leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company #3	Supervisor's Name	Hrs/Wk
Address	Start Date	End Date
City, State, Zip Code	Starting Salary	Ending Salary
Phone Number	Last Job Title	
Reason for Leaving		
List the jobs you held, duties performed, skills used or learned, advancements or promotions		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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REFERENCES	
Please list two references other than relatives or previous employers.	
Name #1	Address
Phone	Email Address
Name #2	Address
Phone	Email Address
Did you complete this application yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, who completed it for you?	
<i>I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this organization terminated.</i>	
Signature	Date