

PERSONAL INFORMATION
(Please Print or Type)

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Email	Phone Number (Cell)	Social Security

Current Mailing Address (Street, City, State, and Zip Code)		

POSITION APPLYING FOR

For what department are you applying?

Interested in: Full-Time Part-Time

Date Available to Begin: _____ Salary Acceptable: _____

Who referred you to Skyline Wesleyan Church?

List friends or relatives (including relationships) employed by Skyline Wesleyan Church:

List Physical limitations which might prevent you from performing the job for which you are applying:

List the office machines or equipment you operate:

Do you have any family, business, health, or social obligations that would prevent you from working consistently?
 Yes ___ No ___ If Yes, please explain: _____

Name and address of individual to contact in case of emergency:

EDUCATION

_____	_____	_____
School or Institution	Location	Major
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES

Name Telephone Number Occupation Years Acquainted

Address Email

Name Telephone Number Occupation Years Acquainted

Address Email

Name Telephone Number Occupation Years Acquainted

Address Email

EMPLOYMENT HISTORY

Company Name

City State

Supervisor's Name

Duties

Reason for Leaving

Name

Title

From Month ____ Year ____

To Month ____ Year ____

Company Name

City State

Supervisor's Name

Duties

Reason for Leaving

Name

Title

From Month ____ Year ____

To Month ____ Year ____

US MILITARY HISTORY

Branch of Service	Starting Rank	Rank at Separation	Active Service	From: Mo.	Yr.	To: Mo.	Yr.
Primary Military Occupation							
Duties in Service							
Military Service Schools- Schools attended, subjects studied and length of time in each school							

OTHER

Do you have the legal right to work in the U.S.? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

AFFIDAVIT

Employment-at-will
 Skyline Wesleyan Church is an employer-at-will employer, simply stated, this means that you or Skyline may terminate the employment relationship at any time for any reason, with or without notice.

Any representation or agreement otherwise, whether oral or in writing is null and void and have no effect whatever, unless signed and agreed to in writing by an officer of Skyline.

Public Law 91-8-508 requires that we advise you that a routine inquiry may be made during our initial or subsequent processing which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the church shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in their questionnaire. I authorize the companies, schools, or persons named above including Skyline Wesleyan Church to give any information regarding my past, present or future employment, or my physical condition, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information.

 Signature Date

FOR EMPLOYEE RELATIONS USE ONLY

Interviewer Comments:

Date Hired: _____ Salary: _____

