

Personal Information

Last Name	First Name	Middle Name
Email	Phone	Social Security
Email	Phone	Social Security
Employee Information		
Position Applying For		
Interested in: Full Time Part Time		
Date Available to Begin Salary Desired		
Who referred you to Skyline Church?		
Do you have a personal relationship with Jesus Christ?		
When were you saved?		
When were you baptized?		
List friends or relatives employed by Skyline Church		
List physical limitations which may preve	ent you from performing the job for whic	h you are applying for
List the office machines or equipment you operate		
Name and address of individual to contact in case of emergancy		

Education School or Institution Location Major School or Institution Location Major References Name Phone Occupation Years Acquainted Address Email Name Phone Occupation Years Acquainted Address Email Name Phone Occupation Years Acquainted Address Email **Employment History** Title Company Name City State **Duties** Supervisor's Name Start Date End Date Reason for Leaving Company Name Title City State Duties Supervisor's Name

Reason for Leaving

End Date

Start Date

US Military History From To Branch of Service Starting Rank Rank at Separation **Active Service 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? 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 herby release said companies, schools, or persons from all liability for any damage for issuing this information. Signature Date For Employee Relations Use Only Comments

Salary

Date Hired