

EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

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PERSONAL INFOR	RMATION:	
Date:	Position:	Available Start Date:
Full-Time F	Part-Time Temporary Volunte	er Referral Source
Name:		
Street Address:		
City/State/Zip:		Soc. Security #:
Email Address:		
Primary Phone:		
Have you ever beer	n convicted of or charged with a felon	y or misdemeanor? Yes No
If yes, please expladisposition of case:	ain details in full, including dates, de	etails of offense(s) charged, jurisdiction and
Have you ever beer	n charged or convicted of a child abus	se or sexual abuse offense?
If yes, please expladisposition of case:	ain details in full, including dates, de	etails of offense(s) charged, jurisdiction and
been declared bank		en associated with, filed for bankruptcy, of any receivership proceedings within the
If Yes, please provide	de full details, including dates, places	, amounts involved and disposition:
Do you currently ha	ve Act 33-Child Abuse and Act 34-Cr	iminal clearances? Yes No

*You will be required to provide copies of clearance forms or have clearances done if hired.

Rev. 2/21/06

EDUCATION:							
Schools/Colleges Attended:		# Years	Year Graduated	Degree			
EMPLOYMENT / WORK EXPERIEN	CE:						
Start with your present or most rece	•		•				
activities. Exclude organization name			religion, sex or natio				
Employer:							
Job Title:	Supervisor:						
Street Address:							
City/State/Zip:	Phone:						
Describe Duties/Responsibilities/Acco	omplishments	S:					
Reason for Leaving:							
Dates of Employment (Month/Year):							
Last Pay Rate:	Per Ho	our Pe	er Year				
Employer:							
loh Title:	Supervisor:						
Street Address:							
City/State/Zip:	Phone:						
Describe Duties/Responsibilities/Accomplishments:							
Reason for Leaving:							
Dates of Employment (Month/Year):							
Last Pay Rate:		our Pe	er Year				
Employer:							
1-1- T:41	Supervisor:						
Street Address:							
City/State/Zip:	p: Phone:						
Describe Duties/Responsibilities/Acc	omplishments	S:					
Reason for Leaving:							
Dates of Employment (Month/Year):							
Last Pay Rate:	Per Ho	iui P6	er Year				

siness or personal) other than a relative.
How Long:
Phone:
How Long:
Phone:
How Long:
Phone:
e best of my knowledge. I authorize Valencia his application as necessary to determine my not intended to be any kind of contract or a false or misleading information given in my in immediate termination. I understand also, of Valencia Presbyterian Church and that an bund check will be performed if hired.

Date:

Signed: