

FIRST PRESBYTERIAN CHURCH OF FERNANDINA BEACH APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Date of Application ___/___/___

As an Equal Opportunity Employer, it is the policy of the First Presbyterian Church to afford equal employment opportunity to all individuals, regardless of their race, color, creed, religion, sex, national origin, age, marital status, military/veteran status, protected characteristics, or any non-job-related disability or medical condition.

POSITION INFORMATION

Position applying for: _____ Location: _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (City) (State) (Zip)

Home Telephone Number: _____ Cell Telephone Number: _____
(Area Code) (Area Code)

Email Address: _____

Other names under which you have been employed or any other names that are necessary to check employment or educational history: _____

Referral Source: _____

Do you have relatives currently working for the FIRST PRESBYTERIAN CHURCH?

___ Yes ___ No

If yes, list name(s), relationship, position, and location. _____

Have you previously worked as an employee for the FIRST PRESBYTERIAN CHURCH?

___ Yes ___ No

If yes, last date of employment: ___/___/___

Have you been convicted of a felony within the past 5 years? ___ Yes ___ No

NOTE: a "Yes" answer does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes", please list date, location and explain:

Have you ever been convicted of a drug or alcohol related offense? ___ Yes ___ No

NOTE: a "Yes" answer does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes", please list date, location and explain:

PERSONAL INFORMATION continued

Can you perform the essential job requirements as described to you, with or without accommodation?

Yes No

If "No", please explain: _____

Do you have any commitments to another employer that might affect your employment with our church?

Yes No

If "Yes", please explain: _____

Date available for work: ____/____/____

WORK PREFERENCE

Type of employment desired: Full-Time Part-Time Seasonal

EDUCATION AND TRAINING

High School: _____
(Name of School) (City, State)

Did you graduate: Yes No If no, did you obtain GED? Yes No

College: _____
(Name of College) (City, State)

Did you graduate: Yes No

If no, # of hours completed _____ Degree: _____

Graduate School: _____
(Name of School) (City, State)

Did you graduate: Yes No

If no, # of hours completed _____ Degree: _____

Correspondence or Trade School: _____
(Name of School) (City, State) (Course of Study)

Do you have any professional licenses and/or certifications that are job related?

If "Yes", please list:

Have you ever served in the U.S. Military Service? Yes No If "Yes," Branch? _____

Type of skills and training:

Rank: _____

EMPLOYMENT HISTORY

Begin with the most recent place of employment and go back 10 years. All information will be treated confidentially.

Company Name
Employed from _____ to _____
Position Title
Duties
Street
Ending Salary \$
City State Reason for leaving:
Supervisor Phone
Supervisor's Title

Company Name
Employed from _____ to _____
Position Title
Duties
Street
Ending Salary \$
City State Reason for leaving:
Supervisor Phone
Supervisor's Title

Company Name
Employed from _____ to _____
Position Title
Duties
Street
Ending Salary \$
City State Reason for leaving:
Supervisor Phone
Supervisor's Title

Company Name
Employed from _____ to _____
Position Title
Duties
Street
Ending Salary \$
City State Reason for leaving:
Supervisor Phone
Supervisor's Title

EMPLOYMENT HISTORY CONTINUED

Begin with the most recent place of employment and go back 10 years. All information will be treated confidentially.

Company Name
Employed from _____ to _____
Position Title
Duties
Street
Ending Salary \$
City State Reason for leaving:
Supervisor Phone
Supervisor's Title

Company Name
Employed from _____ to _____
Position Title
Duties
Street
Ending Salary \$
City State Reason for leaving:
Supervisor Phone
Supervisor's Title

Company Name
Employed from _____ to _____
Position Title
Duties
Street
Ending Salary \$
City State Reason for leaving:
Supervisor Phone
Supervisor's Title

Company Name
Employed from _____ to _____
Position Title
Duties
Street
Ending Salary \$
City State Reason for leaving:
Supervisor Phone
Supervisor's Title

PLEASE READ CAREFULLY

AUTHORIZATION AND UNDERSTANDING

I represent that the answers and information given by me in this application are true and complete. I authorize the Church to verify the information I have provided and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions) contracted by the Church to furnish any information relevant to my application for employment. I agree to sign all necessary release forms to be provided to these third parties for the release of such information. I understand that any misrepresentation or omissions of fact requested is cause for dismissal.

I FURTHER UNDERSTAND AND AGREE THAT EMPLOYMENT WITH THE FIRST PRESBYTERIAN CHURCH IS AT WILL AND THAT EITHER I OR THE CHURCH CAN TERMINATE MY EMPLOYMENT AND COMPENSATION, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME. I ACKNOWLEDGE THAT NO REPRESENTATIONS, EITHER ORAL OR WRITTEN, HAVE BEEN MADE TO ME TO THE CONTRARY AND THAT ANY PRE-EXISTING UNDERSTANDINGS WHICH CONTRADICT AN AT WILL STATUS OF EMPLOYMENT ARE CANCELLED.

In consideration of my employment, I agree to conform to the rules and policies of the First Presbyterian Church.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTOOD THE ABOVE PARAGRAPHS AND AGREE TO THE FOREGOING CONDITIONS OF EMPLOYMENT.

Signature

Date

The FIRST PRESBYTERIAN CHURCH is an Equal Opportunity Employer- We Do Not Discriminate on the Basis of Race, Color, Religion, Sex, National Origin, Age, Disability, Veteran Status or any other protected characteristic.

**FIRST PRESBYTERIAN CHURCH
BACKGROUND CHECK / AUTHORIZATION FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN: Under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681, ET. seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit the First Presbyterian Church to obtain, any person, firm or entity to release to the Church, the following: 1) my employment record; 2) records concerning any criminal history; 3) records concerning my credit history, when this information is indicative of a bona fide occupational qualification (BFOQ); 6) records concerning my workers compensation history (post-offer); 7) verification of my academic and/or professional credentials; and 8) information and/or copies of

documentation from my military service records. The above items, which constitute an "investigative consumer report", may include information as to my character, general reputation, personal characteristics, and mode of living. I agree that a copy of this authorization has the same effect as the original. I hereby release and hold harmless any person firm or entity that discloses matters in accordance with this authorization and the First Presbyterian Church from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are further advised under said act that you may request a copy of this report from the consumer reporting agency that compiled said report after proper identification has been received.

THE FIRST PRESBYTERIAN CHURCH COLLECTS YOUR SOCIAL SECURITY NUMBER FOR THE FOLLOWING PURPOSES: CLASSIFICATION OF ACCOUNTS; IDENTIFICATION AND VERIFICATION; BENEFIT PROCESSING, TAX REPORTING, AND BACKGROUND CHECKS FOR EMPLOYMENT PURPOSES. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.

APPLICANT INFORMATION (Please Print):

<hr/>		<hr/>
Full Name (Last, First, Middle)		Social Security Number
Aliases: (include maiden name) _____		<hr/>
		Telephone
Please list all residences where you have lived during the past five years:		
<hr/>		
Current Address, City, State, Zip	COUNTY	From (Mo. /Yr.) To (Mo. /Yr.)
<hr/>		
Previous Address, City, State, Zip	COUNTY	From (Mo. /Yr.) To (Mo. /Yr.)
<hr/>		
Previous Address, City, State, Zip	COUNTY	From (Mo. /Yr.) To (Mo. /Yr.)
<hr/>		
Previous Address, City, State, Zip	COUNTY	From (Mo. /Yr.) To (Mo. /Yr.)
<hr/>		
Valid Driver's license # _____	State: _____	Exp. Date: _____
Date of Birth: _____ (For purposes of obtaining Driver's License Information Only)		
MM/DD/YY		
<hr/>	<hr/>	
Signature	Date	