EMPLOYMENT APPLICATION

(This type of application should be completed by all who seek any position that will involve the supervision and/or custody of children or youth. You should tailor the application to the specific circumstances in your congregation. However, the employment application should include sections for personal identification, job qualifications, experience and background for the past 5-10 years, references, a criminal history, and a waiver/consent to a periodic criminal records check or fingerprinting.)

APPLICANT INFORMATION		
Name (Last) (First) (Middle) Date		
Address City State ZIP Code		
Telephone Alternate Telephone Best Contact Time E-Mail Add	ress	
Social Security Number Driver's License No./Issuing State Dat	te of Birth	
Position Apply For Type of Work Desired	Full-Time Part-Time Temporary/Contract	
When Are You Available to Begin Work? Will You Work Overtime? Yes No		
If hired, can you provide evidence that you are authorized and of legal age to work in the United States? Yes No		
In Case of Emergency Notify Telephone	Name of Nearest Relative Telephone	

EDUCATION

ТҮРЕ	SCHOOL NAME/LOCATION	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL				
BUSINESS/TECHNICAL				
COLLEGE				
GRADUATE				
OTHER				

Drofossional	
rioressional	Organizations:
First-Aid Tr Yes No	aining? Date Completed
CPR Trainir Yes No	ng? Date Completed
EMPLOYI (List all jobs	ERS and contracts held by you during the past five continuous years)
	Γ EMPLOYER
	ame Telephone
Address Cit	y State ZIP Code
Position He	ld From To Starting/Ending Salary
Reason for	Leaving Supervisor
1000011101	Leaving Supervisor
PREVIOU	S EMPLOYER ame Telephone
PREVIOU Company N	S EMPLOYER
PREVIOU Company N Address Cit	S EMPLOYER ame Telephone
PREVIOU Company N Address Cit Position He	S EMPLOYER ame Telephone y State ZIP Code
PREVIOU Company N Address Cit Position He	S EMPLOYER Tame Telephone Ty State ZIP Code Id From To Starting/Ending Salary Leaving Supervisor
PREVIOU Company N Address Cit Position He Reason for 1	S EMPLOYER ame Telephone y State ZIP Code Id From To Starting/Ending Salary

Position Held From To Starting/Ending Salary
Reason for Leaving Supervisor
PREVIOUS EMPLOYER
Company Name Telephone
Address City State ZIP Code
Position Held From To Starting/Ending Salary
Reason for Leaving Supervisor
DDENHOUS EMBLOWED
PREVIOUS EMPLOYER Company Name Telephone
Company I value Telephone
Address City State ZIP Code
Position Held From To Starting/Ending Salary
Reason for Leaving Supervisor
MILLIEA DNA CITATRAIC
MILITARY STATUS Have You Served in the U.S. Armed Services? Branch Start Date End Date Yes No
Have fou served in the O.S. Affiled services? Branch Start Date End Date fes No
Rank/Rate at Discharge Type of Service Type of Discharge
Special Training/Experience Received in the U.S. Armed Services Draft Status Reserve Status

Have you ever been <i>convicted</i> of a criminal offense? Check One: Yes No
Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Check One: Yes No
Are you currently on probation or parole? Check One: Yes No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

-3-

PERSONAL REFERENCES:

Name Address Phone Occupation Relationship	
Name Address Phone Occupation Relationship	
Name Address Phone Occupation Relationship	

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I have reviewed the Authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

Print Name	
Signature Date	

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