



WESTLAKE HILLS

PRESBYTERIAN CHURCH

Employment Application

APPLICANT INFORMATION										
Last Name			First			M.I.				
Address					City, State, Zip Code					
Contact Info		Home Phone		Work or Cell Phone		Email Address				
Date Available			Social Security No.			Position Applied For				
Desired Salary			Full Time?		Part-Time?		# of hours/week?			
Are you legally authorized to work in the United States? <i>Proof of citizenship or legal authorization will be required upon employment.</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you 18 years old or older?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have a valid DL?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?			YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, provide details:					
Have you ever worked for WHPC?			YES <input type="checkbox"/> NO <input type="checkbox"/>		If so when?					
Do you have any relatives working for WHPC?			YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, whom?					

SKILLS <small>Please list any skills you possess that are relevant to this position</small>
<u>Job-Related skills</u>

EDUCATION										
<u>High School or GED</u>			Location				Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>College</u>			Location							
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & Major			
<u>Advanced Degree(s)</u>			Location							
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & Major			
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & Major			
<u>Other</u> Ex: Seminary, trade school			Location							
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & Major			

EMPLOYMENT RECORD

Please detail at least 10 years of previous employment. Begin with the present or most recent employment and work back. You may attach a resume for reference, but provide any information below that is not included in your resume (e.g. reason for leaving, supervisor, phone numbers, etc.)

Employer		Phone ()	
Type of Business		Supervisor	
Address		Starting Salary \$	Ending Salary \$
Beginning Job Title		Ending/Present Job Title	
Responsibilities			
From	To	Reason for Leaving	
May WHPC contact this employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer		Phone ()	
Type of Business		Supervisor	
Address		Starting Salary \$	Ending Salary \$
Beginning Job Title		Ending/Present Job Title	
Responsibilities			
From	To	Reason for Leaving	
May WHPC contact this employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer		Phone ()	
Type of Business		Supervisor	
Address		Starting Salary \$	Ending Salary \$
Beginning Job Title		Ending/Present Job Title	
Responsibilities			
From	To	Reason for Leaving	
May WHPC contact this employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer		Phone ()	
Type of Business		Supervisor	
Address		Starting Salary \$	Ending Salary \$
Beginning Job Title		Ending/Present Job Title	
Responsibilities			
From	To	Reason for Leaving	
May WHPC contact this employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

RELEASES AND DISCLAIMERS

I hereby certify that the foregoing statements as well as those on any attachment(s) to this application are, to the best of my knowledge, true and correct and that they are all given of my free will. I agree that any misstatement(s) as to material facts will constitute grounds for disqualification for and dismissal from employment. I understand that, if employed, I will serve an initial qualifying period of employment. I understand that this application is the property of Westlake Hills Presbyterian Church (WHPC) and will become part of my personnel file if I am hired. As a condition of employment with WHPC, I understand that I may be required to undergo a post-offer/pre-employment medical examination, and that I may be required to pass a drug and/or alcohol test. I hereby consent to such examination(s).

I understand and agree that employment with WHPC is at-will and may be terminated at any time by an employee or WHPC without liability for lost wages. I understand that no representative of WHPC, other than the Senior Pastor, the Business Administrator or the Human Resource Specialist, has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing. Furthermore, I understand and agree that any such agreement entered into by such authorized representative will not be enforceable unless it is in writing and signed by me and such representative.

Signature

Date

Authorization to Obtain a Consumer Report

I authorize WHPC to order Consumer or Investigative Reports containing financial and other information about me from a consumer reporting agency as part of WHPC's investigation into my application for employment. Examples of the types of consumer and investigative reports that may be obtained include checks of criminal convictions, driving history, verification of employment and educational data and, for positions that include cash handling or fiduciary responsibilities, financial histories. If I become employed by WHPC, this authorization shall remain in effect and serve as ongoing authorization for the WHPC to obtain Consumer or Investigative Reports at any time during my employment.

Signature

Date

Authorization for Release of Information

To Whom It May Concern,

I hereby authorize and request any present and former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written application that I sign.

Printed
Name

Social
Security No.

Signature

Date