# EMPLOYMENT APPLICATION

## Whitworth Community Presbyterian Church

**312 W. Hawthorne Drive**

**Spokane, WA 99218**

**509-466-0305**

**Instructions:** All sections of this application must be completed in detail for you to be considered for employment. If a question or blank does not apply to you, write **NA** in the space. Upon completion, sign your name in the space provided. ***Please PRINT or WRITE legibly***.

**Position You Are Applying For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's Date \_\_\_\_\_\_\_\_\_\_\_**

# PERSONAL INFORMATION

### Last Name First Name Middle Initial

### Street Address Home Telephone

( )

City, State, Zip Cell Telephone

( )

### How did you hear about this position? Email

### Have you ever applied for employment with us?  Yes  No

### If yes: Month and Year Position

Do any of your relatives or persons of your same household work here? If “yes,” please provide their names.

Are you legally eligible for employment in the United States?  Yes  No

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No  N/A

Do you possess a valid driver’s license? (Answer only if bona fide job requirement)  Yes  No

Have you, within the last 10 years, been convicted of a criminal offense?  Yes No

(A “yes” answer to this question will not necessarily bar the applicant from employment.) If yes, explain:

Have you reviewed the job description for the position for which you are applying?  Yes No

Given your knowledge, skills, and experience, are you able to perform all of the essential functions of the position for which you are applying, with or without reasonable accommodation, as set forth in the job description?  Yes  No

If no, explain:

#### AVAILABILITY FOR WORK

Please list times that you routinely ARE available to work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When Can You Start? Approximate Salary Expected Per Hour Per Month

What is the minimum period of time that you plan to stay if employed at WCPC?

Type of Work:  Full-time  Part-time  On-call  Summer only  Temporary

Will you work overtime if necessary?  Yes  No

Will you work weekends if necessary?  Yes  No

Do you plan to work elsewhere or attend school while working here?  Yes  No

Do you have any obligations which may affect working as scheduled?  Yes  No

EDUCATION

**Indicate high school, vocational school, business school, college, or university attended.**

**DEGREE, DIPLOMA OR**

**NAME OF SCHOOL LOCATION: CITY/STATE COURSE OF STUDY CERTIFICATE OBTAINED**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Do you plan to resume your education?  Yes  No  Undecided

If yes, when? Name and location of school you plan to attend:

Please list any other training or courses which may be pertinent to the position you are applying for

**SPECIAL SKILLS AND TRAINING –** Check (✓) which skills or training you have in the following areas:

### Business Computers General Ministry

 Typing wpm  Microsoft Word  Floor Care  Pastoral Care

 Bookkeeping  Excel  Body Mechanics  Working with Youth

 Accounting  Access  Universal Precautions  Working with Children

 Ten-Key Adding  Power Point  Maintenance (General)  Music (type):

 Invoicing  Microsoft Outlook  Driving: \_\_\_Car \_\_\_Van Other:

 Reception Other:  Disinfectants (cleaning agents) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Switchboard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lifting Techniques \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Management \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:

 Public Relations Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specialized Training**

 CPR / Date taken\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pediatric CPR/ Date taken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Aid Training/ Date taken\_\_\_\_\_\_\_\_\_\_\_\_

Other:

**OTHER QUALIFICATIONS:**

Summarize special job-related skills and qualifications you have acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application for employment.

**MILITARY SERVICE RECORD**

Branch of military service Date entered service Date separated from active duty Date of final discharge Final rank

Describe any job related training received in the United States military:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYMENT HISTORY

Begin with your present or most recent employer. Additional employment history sheets available upon request.

Name of Firm Position Title Supervisor’s Name/Title

Address Phone Number If you worked under a different name, indicate that name here.

Job Responsibilities Salary: Starting \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates employed (month/year) Reason for Leaving Eligible for Rehire

**From** **To**  Yes  No

Name of Firm Position Title Supervisor’s Name/Title

Address Phone Number If you worked under a different name, indicate that name here.

Job Responsibilities Salary: Starting\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates employed (month/year) Reason for Leaving Eligible for Rehire

**From** **To**  Yes  No

Name of Firm Position Title Supervisor’s Name/Title

Address Phone Number If you worked under a different name, indicate that name here.

Job Responsibilities Salary: Starting\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates employed (month/year) Reason for Leaving Eligible for Rehire

**From** **To**  Yes  No

Name of Firm Position Title Supervisor’s Name/Title

Address Phone Number If you worked under a different name, indicate that name here.

Job Responsibilities Salary: Starting\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates employed (month/year) Reason for Leaving Eligible for Rehire

**From** **To**  Yes  No

**Periods of** Date (month/year) Date (month/year) Date (month/year) Date (month/year)

**Unemployment** **From To From To From To From To**

Reason:

**APPLICANT REFERENCES**

**Please list, preferably, supervisors for whom you have worked.**

Name Work Number and/or Home Number

Place of Business

Relationship

Name Work Number and/or Home Number

Place of Business

Relationship

Name Work Number and/or Home Number

Place of Business

Relationship

Name Work Number and/or Home Number

Place of Business

Relationship

I CERTIFY THE FOREGOING INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND AND AGREE TO THE FOLLOWING:

I AUTHORIZE ANY OF THE ABOVE NAMED REFERENCES OR PREVIOUS EMPLOYERS TO FURNISH WCPC OR ITS AFFILIATES WITH ANY INFORMATION CONCERNING MY EMPLOYABILITY, EXCEPT THAT WHICH WOULD INDICATE AGE, SEX, RACE, COLOR, DISABILITY, MARTIAL STATUS, OR NATIONAL ORIGIN. I HEREBY RELEASE THOSE NAMED REFERENCES FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION EXCEPT THAT RESULTING FROM MISREPRESENTATION.

### Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT'S ACKNOWLEDGEMENT**

Applicant agrees to the following conditions of employment. I understand that I am applying to work at a church, and that a Statement of Faith may be requested. I further understand that I will be required to pass a background check before being offered a position. If a position with WCPC is accepted, I agree to comply with all its policies and procedures.

Except as may be otherwise provided by express written agreement or by law, either WCPC or I can terminate the employment relationship at any time, and all terms and conditions of employment are subject to change without notice at any time.

By signing, I attest that the information provided in this application to the best of my knowledge is true and accurate. I understand that if hired, any failure on my part to provide truthful or accurate information or any willful omission of material information may result in my immediate termination of employment from WCPC.

**Signature of Applicant Date**

Faith Statement

On one-page describe your personal Christian faith. This statement about your Christian commitment is intended to be a personal, authentic statement in your own words.