

**APPLICATION FOR EMPLOYMENT**  
**PERSONAL INFORMATION**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Present address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth : \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone  Home \_\_\_\_\_

Cell \_\_\_\_\_

Desired Position: \_\_\_\_\_

Date you can start: \_\_\_\_\_

Are you employed now?  Yes  No

If so may we inquire of your present employer:  Yes  No

**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade Business or Correspondence School				

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  Yes  No

If yes, what can be done to accommodate your limitations? \_\_\_\_\_  
\_\_\_\_\_

Were you ever seriously injured?  Yes  No

If yes, describe the injuries: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or forced to resign from a position? If yes, explain:

Have you been convicted of a felony or misdemeanor within the last 5 years?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORMER EMPLOYERS:**

List below the last three employers, starting with the most recent.

Name of Present or Last Employer: _____		
Address: _____		City: _____ State _____ Zip: _____
Starting date: _____	Leaving date: _____	Job Title: _____
Weekly Starting Salary _____	Weekly final salary: _____	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor: _____	Title: _____	Phone: _____
Description of work: _____ _____		
Reason for leaving: _____		

Name of Present or Last Employer: _____		
Address: _____		City: _____ State _____ Zip: _____
Starting date: _____	Leaving date: _____	Job Title: _____
Weekly Starting Salary _____	Weekly final salary: _____	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor: _____	Title: _____	Phone: _____
Description of work: _____ _____		
Reason for leaving: _____		

Name of Present or Last Employer: _____		
Address: _____		City: _____ State _____ Zip: _____
Starting date: _____	Leaving date: _____	Job Title: _____
Weekly Starting Salary _____	Weekly final salary: _____	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor: _____	Title: _____	Phone: _____
Description of work: _____ _____		
Reason for leaving: _____		

**REFERENCES:**

List names of three persons not related to you who can give information about your background work history, character, etc.

NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Church History:** List names & addresses of all churches you have attended regularly within the past 5 years.

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Have you ever applied for a position at Faith Assembly before? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, when? \_\_\_\_\_

Please write a short paragraph telling how you became a Christian: \_\_\_\_\_

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Do you attend Faith Assembly? \_\_\_\_\_ No \_\_\_\_\_ Yes - If yes, for how long? \_\_\_\_\_

Did you complete GROW 1 \_\_\_\_\_ No \_\_\_\_\_ Yes - If yes, date: \_\_\_\_\_

**Please read carefully, initial each paragraph, and sign below.**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials \_\_\_\_\_

I hereby authorize Faith Assembly to thoroughly investigate any references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Faith Assembly any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Faith Assembly, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Initials \_\_\_\_\_

I authorize Faith Assembly to thoroughly investigate my work experience and any and all information they have concerning my previous employment. In addition, I hereby release Faith Assembly, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure.

Initials \_\_\_\_\_

I acknowledge that, prior to or during my employment, Faith Assembly may require any legal testing and/or examination, including but not limited to, medical, physical, drug and/or alcohol, psychological, and skill and aptitude.

Initials \_\_\_\_\_

I also acknowledge that, if employed, my employment will be under the Employment At Will terms and both Faith Assembly and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with Faith Assembly and may not be modified by any oral or implied agreement.

Initials \_\_\_\_\_

I understand that nothing contained in the application or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and Faith Assembly. In addition, I understand and agree that, if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Faith Assembly, and that no promises or representations to the contrary are binding on Faith Assembly unless made in writing and signed by me and the Church Administrator.

Initials \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Faith Assembly of God, North Fort Myers, Florida**  
**Authorization for Release of Background Information**

In connection with my application, I authorize Faith Assembly of God, North Fort Myers, Florida, and/or ACCUFAX Div., Southwest Inc., their agent, to solicit background information relative to my criminal record history. I understand that Faith Assembly of God, North Fort Myers, may conduct inquiries into my background that may include criminal records, personal references, and other public record reports pertaining to me.

**I authorize without any reservation any person, agency, or other entity contacted by Faith Assembly of God, North Fort Myers, Florida, or ACCUFAX Div., Southwest, Inc., their agent, for purposes of obtaining background report information, to furnish the above-mentioned information.**

I release Faith Assembly of God, North Fort Myers, Florida, their respective employees and/or ACCUFAX Div., Southwest, Inc., their agent and employees, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

**Requested by 422050**

**PLEASE PRINT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

AKA/Maiden Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (months/years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (months/years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? (months/years) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_