



Application for Employment

We appreciate your interest in becoming part of our team. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related factors. Therefore, it is important that you fill out this application form completely and accurately. We will be happy to answer any questions you may have about this application or about Kearney Evangelical Free Church.

PLEASE PRINT

GENERAL INFORMATION					
Last Name	First	Middle	Date		
Street Address	City	State	Zip	Home Phone	
What position are you applying for?				Alternate Phone	
Are you applying for part-time or full-time work? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time					
Are you over the age of 16?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number	
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Special training or skills (computer programs, typing speed, etc.)				E-mail Address	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Expected Pay?	
If not, are you legally eligible to work in the United States?					
Have you ever been employed by KEFC? <input type="checkbox"/> Yes <input type="checkbox"/> No				When can you begin work?	
If so, dates of employment:					

EDUCATION					
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. YRS. COMPLETED	DID YOU GRADUATE	DEGREE & DATE EARNED
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY – Including Military Service

Please give accurate, complete full-time and part-time employment record of your last three jobs, starting with your current or most recent employer.

WE WILL CONTACT PREVIOUS EMPLOYERS FOR REFERENCES

Company Name	Employed From To
Address	Telephone
Starting Pay \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Other Cash Compensations: <input type="checkbox"/> Bonus <input type="checkbox"/> Commission Annual Amount _____
Ending Pay \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
Supervisor	Your Job Title
Describe your work:	Reason for leaving
Is there any reason why we cannot contact this employer for information? <input type="checkbox"/> Yes <input type="checkbox"/> No If, so, why?	

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Describe your work:	Reason for leaving
Is there any reason why we cannot contact this employer for information? <input type="checkbox"/> Yes <input type="checkbox"/> No If, so, why?	

If you were employed under a name other than your present name, please indicate that former name _____

PERSONAL REFERENCES (Do Not Include Employers or Relatives)

NAME	RELATIONSHIP (C-worker, Supervisor, etc)	NAME OF COMPANY	CITY/STATE	(AREA CODE) Work Phone #	(AREA CODE) Home Phone #

Have you ever been asked to resign or been fired?

Yes No If so, explain:

Have you been convicted of a felony within the last ten years; or misdemeanor, misappropriation of funds, or an assault?

Yes No If so, explain:

Is there any reason why you might have difficulty performing the job for which you are making application?

No Yes If so, explain:

State any additional information you feel may be helpful to us in considering your application:

**THANK YOU FOR COMPLETING THIS APPLICATION
AND FOR YOUR INTEREST IN EMPLOYMENT WITH US**

SIGNATURE**Please Read Carefully**

I certify that the information in this application is true and I understand that any omission, false or misleading statement shall void this application. If I should become employed and it is determined at any time during my employment that a false or misleading statement was made, I shall be subject to immediate dismissal for cause.

I understand that my employment and/or credit references will be checked. I authorize my former employers and other resources to furnish all work-related information to Kearney Evangelical Free Church. I agree to take no action nor bring any claim against such employer or other source for furnishing such information.

I understand that this application is not an employment contract. In the event of my hire, I may terminate my employment at any time by giving proper notice. Likewise, I may be terminated from employment for any reason.

If hire, I agree to complete and sign any work-related forms including, but not limited to, medical history and authorization forms, as a condition of my employment. I will also provide acceptable proof of my age, U.S. citizenship or other proof of employment eligibility and Social Security card if required, to comply with applicable law.

_____ Date

_____ Signature

(Unsigned Applications Will Not Be Considered)

