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| |  | | --- | | **APPLICATION FOR EMPLOYMENT** | | | | | |  | |  |  |  |  | |  | |
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|  |  |  |  | |  | |  |  | 8775 Mount Olive Avenue | | | | |
|  |  |  |  | |  | |  |  | Glen Allen, VA 23060 | | | | |
|  |  |  |  | |  | |  |  | Office (804) 262-9614 | | | | |
|  |  |  |  | |  | |  |  | Fax (804) 262-2397 | | | | |
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|  |  |  | **(PLEASE PRINT)** | | | | | |  |  | |  | |
| **Position(s) Applied For** | | | | |  | |  |  | **Date of Application** | | | | |
|  | | | | | | | | |  | | | | |
| **How Did You Learn About Us?** | | | | | | |  |  |  |  | |  | |
| Advertisement | | |  | | Relative | | |  | Inquiry | | | | |
| Employment Agency | | |  | | Friend | | |  | Other | | | | |
|  |  |  |  | |  | |  |  |  |  | |  | |
| **Last Name** | |  | **First Name** | | | |  |  | **Middle Name** | | |  | |
|  | | | | | | | | | | | | | |
| Address |  |  |  | | City | |  | State |  | Zip | |  | |
|  | | | | | | | | | | | | | |
| Telephone Number(s) | | | | | | | Social Security Number(Voluntary) | | | | | | |
|  | | | | | | |  | | | | | | |
| 1. Best time to contact you at home is ….............................. | | | | | | | | \_\_\_\_:\_\_\_\_\_\_AM/PM | |  | |  | |
| 2. If you are under 18 years of age, can you provide required | | | | | | | |  |  |  | |  | |
| proof of your eligibility of work?..................................................... Yes \_\_\_\_ | | | | | | | | | No \_\_\_\_ |  | |  | |
| 3. Have you ever filed an application with us before?......................Yes \_\_\_\_ | | | | | | | | | No \_\_\_\_ |  | |  | |
| ….......................................................................... | | | | | | | If Yes, give date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | |
| 4. Have you ever been employed with us before?............................Yes \_\_\_\_ | | | | | | | | | No \_\_\_\_ |  | |  | |
| ….......................................................................... | | | | | | | If Yes, give date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | |
| 5. Do any of your friends or relatives, other than spouse, work here? | | | | | | | | | Yes \_\_\_\_ | No \_\_\_\_ | |  | |
| 6. Are you currently employed? | | | | |  | |  |  | Yes \_\_\_\_ | No \_\_\_\_ | |  | |
| 7. May we contact your present employer? | | | | | | |  |  | Yes \_\_\_\_ | No \_\_\_\_ | |  | |
| 8. Are you prevented from lawfully becoming employed in this | | | | | | | | |  |  | |  | |
| country because of Visa or Immigration Status | | | | | | |  |  |  |  | |  | |
| Proof of citizenship or immigration status will be required upon employment: Yes \_\_\_ No \_\_\_ | | | | | | | | | |  | |  | |
| 9. Date available for work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | What is your desired salary range? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 10. Are you available to work: | | | \_\_\_ Full Time (please indicate 1 2 3 shift) | | | | | |  |  | |  | |
|  |  |  | \_\_\_ Part Time (please indicate Mornings Afternoon Evenings) | | | | | | | | |  | |
|  |  |  | \_\_\_ Temporary (Please indicate dates available \_\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | |
| 11. Are you currently on lay-off status and subject to recall?...................Yes\_\_\_ | | | | | | | | | | No\_\_\_ | |  | |
| 12. Can you travel if a job requires it? ….................................................. Yes\_\_\_ | | | | | | | | | | No\_\_\_ | |  | |
| **EDUCATION** | | | | | | |  |  |  |  | |  | |
|  | | Name and Address of School | | | Course of Study | | | Number of Years Completed | | Diploma Degree | | | |
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|
| Elementary School | |  | | |  | | |  | |  | | | |
|
|
| High School | |  | | |  | | |  | |  | | | |
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|
| Undergraduate College | |  | | |  | | |  | |  | | | |
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|
| Graduate Professional | |  | | |  | | |  | |  | | | |
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|
| Other( Specify) | |  | | |  | | |  | |  | | | |
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| **Describe any specialized training apprenticeship, skills and other curricular activities** | | | | | | | | | | | | | |
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| **Describe any job related training received in the United States military.** | | | | | | | | | | | | | |
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| **EMPLOYMENT EXPERIENCE** | | | | | | |  |  |  |  | |  | |
| Start with your present or last job. Include any job-related military service assignments and volunteer | | | | | | | | | | | | | |
| activities. You may exclude organizations which indicate race, color, religion, gender, national origin, | | | | | | | | | | | | | |
| disabilities or other protected status. | | | | |  | |  |  |  |  | |  | |
|  |  |  |  | | **Dates Employed** | | | **Work Performed** | | | | | |
| **1. Employer** | |  |  | | **From** | | **To** |  |  |  | |  | |
|  |  |  |  | |  | |  |  |  |  | |  | |
| **Address** |  |  |  | |  | |  |  |  |  | |  | |
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| **Telephone Number(s)** | |  |  | |  | |  |  |  |  | |  | |
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| **Job Title** |  |  | **Supervisor** | |  | |  |  |  |  | |  | |
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| **Reason for Leaving** | |  |  | |  | |  |  |  |  | |  | |
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|  |  |  |  | | **Dates Employed** | | | **Work Performed** | | | | | |
| **2. Employer** | |  |  | | **From** | | **To** |  |  |  | |  | |
|  |  |  |  | |  | |  |  |  |  | |  | |
| **Address** |  |  |  | |  | |  |  |  |  | |  | |
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| **Telephone Number(s)** | |  |  | |  | |  |  |  |  | |  | |
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| **Job Title** |  |  | **Supervisor** | |  | |  |  |  |  | |  | |
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| **Reason for Leaving** | |  |  | |  | |  |  |  |  | |  | |
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|  |  |  |  | | **Dates Employed** | | | **Work Performed** | | | | | |
| **3. Employer** | |  |  | | **From** | | **To** |  |  |  | |  | |
|  |  |  |  | |  | |  |  |  |  | |  | |
| **Address** |  |  |  | |  | |  |  |  |  | |  | |
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| **Telephone Number(s)** | |  |  | |  | |  |  |  |  | |  | |
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| **Job Title** |  |  | **Supervisor** | |  | |  |  |  |  | |  | |
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| **Reason for Leaving** | |  |  | |  | |  |  |  |  | |  | |
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|  |  |  |  | | **Dates Employed** | | | **Work Performed** | | | | | |
| **4. Employer** | |  |  | | **From** | | **To** |  |  |  | |  | |
|  |  |  |  | |  | |  |  |  |  | |  | |
| **Address** |  |  |  | |  | |  |  |  |  | |  | |
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| **Telephone Number(s)** | |  |  | |  | |  |  |  |  | |  | |
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| **Job Title** |  |  | **Supervisor** | |  | |  |  |  |  | |  | |
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| **Reason for Leaving** | |  |  | |  | |  |  |  |  | |  | |
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| List professional, trade, business or civic activities and offices held. | | | | | | | | |  |  | |  | |
| *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability* | | | | | | | | | | | | | |
| *or other protected status.* | | |  | |  | |  |  |  |  | |  | |
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| **ADDITIONAL INFORMATION** | | | | |  | |  |  |  |  | |  | |
| Other Qualifications | | |  | |  | |  |  |  |  | |  | |
| Summarize special job-related skills and qualifications acquired from employment or other experience. | | | | | | | | | | | | | |
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| SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED) | | | | | | | | | |  | |  | |
|  | Terminal |  |  | | Spreadsheet | | |  |  | Production/Mobile | | | |
|  | PC/MAC |  |  | | Word Processing | | |  |  | Machinery(list) | | | |
|  | Typewriter | |  | | Shorthand | | |  |  |  | |  | |
|  | WPM |  |  | | WPM | |  |  |  |  | |  | |
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| **State any additional information you feel may be helpful to us in considering your application.** | | | | | | | | | | | | | |
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| Can you perform the essential functions of the job for which you are applying, either with or without a | | | | | | | | | | | | | |
| reasonable accommodation? | | | YES | |  | | NO |  |  |  | |  | |
| **REFERENCES** | |  |  | |  | |  |  |  |  | |  | |
| 1 |  |  |  | |  | |  |  |  |  | |  | |
| (Name) | | | | |  | | Phone# | | | | |  | |
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| Address | | | | | | | | | | | |  | |
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| (Name) | | | | |  | | Phone# | | | | |  | |
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| Address | | | | | | | | | | | |  | |
| 1 |  |  |  | |  | |  |  |  |  | |  | |
| (Name) | | | | |  | | Phone# | | | | |  | |
|  | | | | | | | | | | | |  | |
| Address | | | | | | | | | | | |  | |
| **APPLICANT'S STATEMENT** | | | | |  | |  |  |  |  | |  | |
| I certify that answers given herein are true and complete. | | | | | | | |  |  |  | |  | |
| I authorize investigation of all statements contained in this application for employment as may be | | | | | | | | | | | | | |
| necessary in arriving at an employment decision. | | | | | | |  |  |  |  | |  | |
|  |  |  |  | |  | |  |  |  |  | |  | |
| This application for employment shall be considered active for a period of time not to exceed 45 | | | | | | | | | | | | | |
| days. Any applicant wishing to be considered for employment beyond this time period should | | | | | | | | | | | | | |
| inquire as to whether or not applications are being accepted at that time. | | | | | | | | | |  | |  | |
|  |  |  |  | |  | |  |  |  |  | |  | |
| I hereby understand and acknowledge that, unless otherwise defined by applicable law, any | | | | | | | | | | | |  | |
| employment relationship with this organization is of an "at will" nature, which means that the | | | | | | | | | | | | | |
| Employee may resign at any time and the Employer may discharge Employee at any time with or | | | | | | | | | | | | | |
| without cause. It Is further understood that this "at will" employment relationship may not be | | | | | | | | | | | | | |
| changed by any written document or by conduct unless such change is specifically acknowledged | | | | | | | | | | | | | |
| in writing by an authorized executive of this organization. | | | | | | | |  |  |  | |  | |
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| In the event of employment, I understand that false or misleading information given in my | | | | | | | | | | | |  | |
| application or interview(s) may result in discharge. I understand, also, that I am required to | | | | | | | | | | | |  | |
| abide by all rules and regulations of the employer. | | | | | | |  |  |  |  | |  | |
|  |  |  |  | |  | |  |  |  |  | |  | |
|  |  |  |  | |  | |  |  |  |  | |  | |
| Signature of Applicant | | | | | | | |  |  | Date | |  | |
|  |  |  |  | |  | |  |  |  |  | |  | |
| FOR PERSONNEL DEPARTMENT USE ONLY | | | | | | | | | | | | | |
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| Arrange Interview | | \_\_\_\_ | Yes | |  | | \_\_\_\_ NO |  |  |  | |  | |
| Remarks: |  |  |  | |  | |  |  |  |  | |  | |
|  |  |  |  | |  | |  |  |  |  | |  | |
| Employed | | \_\_\_\_ | Yes | |  | | \_\_\_\_ NO |  |  |  | |  | |
| Date of Employment | |  |  | |  | |  |  |  |  | |  | |
|  |  |  |  | |  | |  |  |  |  | |  | |
| Job Title |  |  |  | | Hourly Rate Salary | | |  |  |  | |  | |
| Department | |  |  | |  | |  |  |  |  | |  | |
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| By |  |  |  | |  | |  |  |  |  | |  | |
|  |  | Name and Title | | | | |  |  | Date | | |  | |
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| Mt Olive Baptist Church | | |  | |  | |  |  |  |  | |  | |
| Employment Application | | |  | |  | |  |  |  |  | |  | |
| Addendum | |  |  | |  | |  |  |  |  | |  | |
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| I understand that all information on this application is subject to verification and I | | | | | | | | | |  | |  | |
| consent to a criminal history background check. I also consent to references, | | | | | | | | | |  | |  | |
| former employers and educational institutions listed being contacted regarding this | | | | | | | | | | | |  | |
| application. | |  |  | |  | |  |  |  |  | |  | |
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| "Have you ever been convicted for any violations(s) of law, including moving traffic | | | | | | | | | | | |  | |
| violations.": Yes \_\_\_\_\_ | | No | |  | | If Yes, please provide the following: | | | | |  | |
| Description of offense: | | |  | |  | |  |  |  |  | |  | |
| Statute or ordinance (if known): | | | | |  | |  |  |  |  | |  | |
| Date of Charge: | |  |  | |  | | Date of Conviction: | |  |  | |  | |
| County, City, State of Conviction: | | | | |  | |  |  |  |  | |  | |
| Are you bonded? | |  |  | |  | |  |  |  |  | |  | |
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| **NAME** | | | | |  | | **DATE** | | | | |  | |
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| **FOR PERSONNEL DEPARTMENT USE ONLY** | | | | | | | | | | | | | |
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| Position(s) Applied For Is Open: | | | | | Yes\_\_\_\_\_ | | No\_\_\_\_\_ |  |  |  | |  | |
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| Positions(s) Considered For: | | |  | |  | |  |  |  |  | |  | |
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|  |  |  |  | |  | | Date |  |  |  | |  | |