

APPLICATION FOR EMPLOYMENT

Vineyard Christian School
 5340 E La Palma Ave
 Anaheim, CA 92807
 714 777-4777

P E R S O N A L	Last Name			First	Middle	Date
	Street Address					Home Phone
	City, State, Zip					Business Phone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year Location					Social Security Number
	Position Desired					Pay Expected
	Apart from absence for religious observance, are you available for full-time employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what hours can you work?					Will you work overtime if asked?
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					When will you be available to begin work?
	Other special training or skills (language, machine operations, etc.)					
	How did you learn of our organization?					

E D U C A T I O N	School	Name and Location of School	Course of Study	No of Years Completed	Did You Graduate?	Degree or Diploma
	College					
	High School					
	Elementary					
	Other					

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion, or national origin)	

R E F E R E N C E S	Name	Telephone
	Relationship	Known how long?
	Name	Telephone
	Relationship	Known how long?
Name	Telephone	
Relationship (Must be someone outside of church body)	Known how long?	

Applicant's Certification and Agreement

I understand that all employment with Vineyard Christian Fellowship of Anaheim is on an "at will" basis. Nothing contained herein shall be construed to constitute a contract of employment, either expressed or implied, nor shall anything contained herein be construed to modify the employment-at-will relationship which exists between Vineyard Christian Fellowship of Anaheim and its employees.

I understand that Vineyard Christian Fellowship of Anaheim does not discriminate in its employment practices against any person because of sex, race, color, national or ethnic origin, or disability. I further understand that any offer of employment is conditioned on the proof of legal authority to work in the U.S.

I understand that Vineyard Christian Fellowship of Anaheim does not participate in Unemployment Insurance and State Disability.

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or significant omission of fact during any phase of the hiring process may prevent me from being hired, or, if hired may subject me to immediate dismissal.

I authorize Vineyard Christian Fellowship of Anaheim to inquire about my work and personal history and to verify all data given in my application for employment, related papers, and my oral interviews. I authorize the release and giving of any information requested by Vineyard Christian Fellowship of Anaheim such as employment records, performance reviews, and personal references. I release any person, organization, or company from liability or damage which may result from furnishing the information requested. I further waive the right to ever personally view any references given to Vineyard Christian Fellowship of Anaheim.

I hereby certify that I have carefully read and do understand the above statements.

Signature of Applicant

Date

Employment History

1	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	From _____ To _____
	State Job Title and Describe Your Work	May we contact this employer? Circle Response: Yes No:
		Reason for leaving

2	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	From _____ To _____
	State Job Title and Describe Your Work	May we contact this employer? Circle Response: Yes No:
		Reason for leaving

3	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	From _____ To _____
	State Job Title and Describe Your Work	May we contact this employer? Circle Response: Yes No:
		Reason for leaving

4	Company Name	Telephone
	Address	Employed (State Month and Year)
	Name of Supervisor	From _____ To _____
	State Job Title and Describe Your Work	May we contact this employer? Circle Response: Yes No:
		Reason for leaving

For Employer's Use Only

R E F E R E N C E C H E C K		Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W R E S U L T S	Interviewer Name and Comments