

# Ministry Council of the Cumberland Presbyterian Church

## Employment Application

**PERSONAL INFORMATION** (Please fill in all information)

Last Name:		First Name:	Middle Name:
Street Address:		City, State:	Zip Code:
Home Telephone:		Mobile Telephone:	
Work Telephone:		E-Mail Address:	
Upon employment, can you show verification of your legal right to work in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony which has not been expunged or sealed by a court?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's License No. or State ID:			

**POSITION APPLYING FOR:**

Position Desired:		Salary Desired:	\$
How were you referred?	<input type="checkbox"/> The Cumberland Presbyterian <input type="checkbox"/> Website <input type="checkbox"/> Employee Referral	<input type="checkbox"/> Referral (provide name) <input type="checkbox"/> Other (provide information)	
Have you ever applied for employment with us before? If "Yes", give dates and department/location(s).			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any employee of our denomination? If "Yes", identify by name and relationship.			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Available to Start:			

**EDUCATION**

SCHOOL NAME	CITY, STATE	MAJOR COURSE OF STUDY	HIGHEST GRADE COMPLETED DIPLOMA/DEGREE
HIGH SCHOOL			
UNDERGRADUATE			
GRADUATE			
POST GRADUATE			
ACTIVITIES, HONORS, OFFICES HELD THAT ARE JOB RELATED:			
DESCRIBE OTHER JOB RELATED TRAINING COMPLETED:			

**U.S. MILITARY SERVICE**

BRANCH/DUTY/LOCATION	MILITARY SPECIALTY	HIGHEST RANK	SPECIAL HONORS/SPECIAL TRAINING/SERVICE SCHOOLS ATTENDED

**WORK EXPERIENCE** (begin with most recent position)

EMPLOYER:	ADDRESS:	CITY/STATE:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT:
		<input type="checkbox"/> Yes <input type="checkbox"/> No

DATES EMPLOYED:		STARTING SALARY:	ENDING SALARY:
From:	To:	\$	\$
PRIMARY RESPONSIBILITIES:			
REASON FOR LEAVING:			

EMPLOYER:		ADDRESS:	CITY/STATE:
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED:		STARTING SALARY:	ENDING SALARY:
From:	To:	\$	\$
PRIMARY RESPONSIBILITIES:			
REASON FOR LEAVING:			

EMPLOYER:		ADDRESS:	CITY/STATE:
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED:		STARTING SALARY:	ENDING SALARY:
From:	To:	\$	\$
PRIMARY RESPONSIBILITIES:			
REASON FOR LEAVING:			

EMPLOYER:		ADDRESS:	CITY/STATE:
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
DATES EMPLOYED:		STARTING SALARY:	ENDING SALARY:
From:	To:	\$	\$
PRIMARY RESPONSIBILITIES:			
REASON FOR LEAVING:			

STATE WHETHER YOU HAVE EVER BEEN TERMINATED OR SUSPENDED FROM ANY PREVIOUS EMPLOYMENT AND DESCRIBE THE CIRCUMSTANCES.

**PERSONAL REFERENCES** (Give names of three persons to whom you are not related & by whom you have not been employed.)

NAME/ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

The information I have provided on this application is accurate and true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_