



CONNECT.GROW.REACH

## APPLICATION FOR EMPLOYMENT

Please complete this application in full. Resumes may be attached, **but not substituted** for application information.

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address: \_\_\_\_\_  
 Street Address City State Zip Code

Permanent Address: \_\_\_\_\_  
 Street Address City State Zip Code

Length of time at this address: \_\_\_\_\_

Phone No: \_\_\_\_\_  
 Home Phone Work Phone Pager/Cell E-mail

Are you legally eligible for employment in the United States? (check)  
 U. S. Citizenship  Yes  No  
 Permanent Residence  Yes  No

Are you 18 years or older?  Yes  No

If you are under 18, you are required to furnish a work permit.  Yes  No

How did you hear about this position? \_\_\_\_\_

Are you looking for full-time or part-time work? \_\_\_\_\_

When can you start work? \_\_\_\_\_

### EDUCATION

Type of School	Name/Address of School	Circle Last Level Completed	Major	Degree Received
High School		1 2 3 4		
College		1 2 3 4		
Graduate School		1 2 3 4		
Correspondence Course		1 2 3 4		
Trade, Business		Length of time:		

# SKILLS

Computer	List Programs	Years of Experience	Typing Speed
Office Machines	Type of Machine	Years of Experience	Speed

List other skills that you have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have ability to take direction? Please explain/example: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have the ability to work with minimal supervision? Please explain/example: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have the ability to work under pressure? Please explain/example: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have the ability to work in a team situation? Please explain/example: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to work at Calvary Church? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What interests you most about the position for which you are applying? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list several words that best describe you: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Starting with your present or most recent employment, list all previous employers within the last ten years. Include self-employment, summer, part-time, and voluntary non-paying jobs. To enable us to check your past work record, please provide us with any other name(s) under which you have worked: \_\_\_\_\_

Have you ever been discharged or asked to resign from employment?  Yes  No

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

Name and Address of Present Employer	Dates	Supervisor/Manager
From: To: Permission to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Title: Phone #:
Position Title and Duties		Reason for Leaving
Name and Address of Former Employer	Dates	Supervisor/Manager
From: To: Permission to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Title: Phone #:
Position Title and Duties		Reason for Leaving
Name and Address of Former Employer	Dates	Supervisor/Manager
From: To: Permission to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Title: Phone #:
Position Title and Duties		Reason for Leaving
Name and Address of Former Employer	Dates	Supervisor/Manager
From: To: Permission to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Title: Phone #:
Position Title and Duties		Reason for Leaving

**REFERENCES**

List three professional references that we can contact who are familiar with the quality of your work, have worked with you, and have known you at least two years.

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

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship: \_\_\_\_\_

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I consent to and authorize Calvary Church to request any information concerning my current/previous employment and educational history and release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such information.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

I certify that all of the above information is true and correct, and I authorize the investigation of all statements contained in this application up to and including a full background investigation. I understand that misrepresentation or omission of facts called for is cause for dismissal.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



CONNECT.GROW.REACH  
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web | calvarylife.org



**DISCLOSURE and AUTHORIZATION BACKGROUND INVESTIGATION**

Revised 3/27/2018 4:03 PM

Print Full Name: \_\_\_\_\_

Former Name(s) and Dates Used:  
\_\_\_\_\_  
\_\_\_\_\_

Current Telephone Number: \_\_\_\_\_

Current Address (include city, state and zip code) \_\_\_\_\_

Previous Address (include city, state and zip code) \_\_\_\_\_

SS# \_\_\_\_\_ Male or Female (circle one) DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License Number and State in which it was issued: \_\_\_\_\_

In connection with my application for employment or to serve as a volunteer with Calvary Church of Santa Ana ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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OFFICE USE ONLY

Application received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Neatness: \_\_\_\_\_ Ability: \_\_\_\_\_

Hired:  Yes  No Position: \_\_\_\_\_ Ministry: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Date reporting to work: \_\_\_\_\_

Approved: \_\_\_\_\_ / \_\_\_\_\_

Ministry Pastor

Business Administration Pastor

Documentation received:

- Valid Driver's License
- Social Security Card or Passport
- Permanent Resident Card
- Computer Use Policy (if required for position)
- Emergency Contact Information Sheet
- I-9
- W-4



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