



HARVEST BIBLE CHAPEL

Application for Employment

Harvest Bible Chapel is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any qualified applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons.

Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Full Name: _____ Date of Application: _____

Position(s) applied for or type of work desired: _____

Address: _____

Email Address: _____ Phone #: _____

Social Security #: _____ Driver's License: (State) _____ (#) _____

Type of employment desired: full-time part-time temporary

Date you will be available to start work: _____

What days are you available to work?

	Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
Can you work weekends, holidays, and/or overtime, if necessary?						Yes	No
Can you travel, if required by this position?						Yes	No
Can you submit proof of legal employment authorization and identity?						Yes	No
<i>If you are under 16, can you furnish a work permit if it is required?</i>						Yes	No
Have you ever been previously employed by our organization?						Yes	No
Have you ever been convicted of a crime in the last 7 years?						Yes	No

If yes, please explain (a conviction will not automatically bar employment): _____

Have you been convicted of a crime against a minor? Yes No

If yes, please explain (a conviction will not automatically bar employment) _____

How were you referred to us? _____

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

Technical Training: _____

College: _____

Other: _____

References

List 3 references' names, telephone numbers, and number of years known (do not include relatives or employers):

Name: _____ Phone: _____ Yrs Known: _____

Name: _____ Phone: _____ Yrs Known: _____

Name: _____ Phone: _____ Yrs Known: _____

Character Reference

Small Group Leader _____

Length of time known _____

Home Phone _____

Cell Phone _____

Staff Member _____

Length of time known _____

Home Phone _____

Cell Phone _____

Christian Background

Are you a born again Christian? Yes No How Long? _____

Do you attend Harvest Bible Chapel Yes No

If no, what church do you attend? _____

Are you a member of Harvest Bible Chapel? _____

If no, are you willing to become a member? _____

Harvest Bible Chapel requires all staff to become members upon being hired.

In what areas of ministry at Harvest Bible Chapel are you involved?

Please list your spiritual gifts:

Briefly describe how you came to know Jesus Christ as your personal Savior in the space provided:

I hereby authorize Harvest Bible Chapel to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release Harvest Bible Chapel, and its representatives, from liability for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide satisfactory proof of identity and legal work authorization on or before the start of employment. Failure to submit such proof of identity within the required time shall result in immediate termination of the employment relationship.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____