

APPLICATION FOR EMPLOYMENT



We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any 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. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

HBC

HBF

HCA

WITW

Applicant name:

Date:

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

Street Address:

City:

State:

Zip:

Telephone #:

Email address:

Type of employment desired:

Full-time

Part-time

Temporary

Date you will be available to start work:

Are you able to meet the attendance requirements?

Yes

No

Do you have any objection to working overtime if necessary?

Yes

No

Can you travel if required by this position?

Yes

No

Have you ever been previously employed by our organization?

Yes

No

Can you submit proof of legal employment authorization and identity?

Yes

No

If you are under 18, can you furnish a work permit if it is required?

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): _____

Driver's license number (if driving is an essential job duty) :

State Issued

How were you referred to us? _____

EDUCATIONAL HISTORY

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

High school:

College:

Technical Training:

Other:

REFERENCE

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

1st Reference:

2nd Reference:

Pastoral Reference:

CHARACTER REFERENCE

Small Group Leader:

Length of time known:

Phone:

Email:

Staff Member:

Length of time known:

Phone:

Email:

CHARACTER REFERENCE

Are you a born again Christian?

Yes

No

How Long?

Do you attend Harvest Bible Chapel?

No

Yes

Which campus? _____

If you also attend another church, which one?

Are you a member of Harvest Bible Chapel?

If not, are you willing to become a member?

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 the potential employer 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 from liability the potential employer and its representatives 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, so long as there is no violation of applicable federal or state law.

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 employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

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

Applicant signature: Date: _____