

# Employment Application for non-pastoral positions



|                              |                     |
|------------------------------|---------------------|
| Position applying for: _____ | Today's date: _____ |
|------------------------------|---------------------|

**— GENERAL INFORMATION —**

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

How did you hear about the job? \_\_\_\_\_

Are you legally eligible for employment in this country?  yes  no  
(Note: If you are hired, you will be required to produce documents about your eligibility)

Are you 18 years of age or older?  yes  no

**— EMPLOYMENT —**

Please complete all of the following information about your employment history, even if you do not think the questions relate to the position you seek, starting with the most current. Please explain any gaps of employment.

|                                   |  |
|-----------------------------------|--|
| Employer _____                    | Dates employed _____   |
| Address _____                     | Supervisor _____   |
| Phone number _____                | May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no _____ |
| Position or Title _____           | Ending Salary _____  |
| Summarize major work duties _____ |  |
| Reason for leaving _____          |  |

|                                   |  |
|-----------------------------------|--|
| Employer _____                    | Dates employed _____   |
| Address _____                     | Supervisor _____   |
| Phone number _____                | May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no _____ |
| Position or Title _____           | Ending Salary _____  |
| Summarize major work duties _____ |  |
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|                                   |  |
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| Employer _____                    | Dates employed _____   |
| Address _____                     | Supervisor _____   |
| Phone number _____                | May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no _____ |
| Position or Title _____           | Ending Salary _____  |
| Summarize major work duties _____ |  |
| Reason for leaving _____          |  |

**— EDUCATION —**

| High School, College, University or Vocational School | Location | Dates Attended | Major or Type of Degree Received |
|---|----------|----------------|----------------------------------|
|   |          |                |                                  |
|   |          |                |                                  |
|   |          |                |                                  |
|   |          |                |                                  |

If you are presently enrolled in school, what are you studying? \_\_\_\_\_

Indicate any other trades, skills or licenses you possess related to this position \_\_\_\_\_

Personal Computer Experience (check all that apply)

- Word Processing     Spreadsheet     Database     Other

List software used:

**— VOLUNTEER EXPERIENCE —**

If applicable, please list any volunteer experience that you may have.

|  |  |
|--|--|
| Name of Organization _____                 | Phone _____  |
| Location _____                             | Contact person _____   |
| Dates you volunteered: from _____ to _____ | May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no _____ |
| Summary of experience _____                |  |

|  |  |
|--|--|
| Name of Organization _____                 | Phone _____  |
| Location _____                             | Contact person _____   |
| Dates you volunteered: from _____ to _____ | May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no _____ |
| Summary of experience _____                |  |

|  |  |
|--|--|
| Name of Organization _____                 | Phone _____  |
| Location _____                             | Contact person _____   |
| Dates you volunteered: from _____ to _____ | May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no _____ |
| Summary of experience _____                |  |

**— SPIRITUAL BACKGROUND —**

When did you begin regularly attending Northwest Church? \_\_\_\_\_ Are you a member?  yes  no

Date that you received Jesus as Savior \_\_\_\_\_

Date that you were baptized in water \_\_\_\_\_

Have you been baptized in the Holy Spirit?  yes  no If yes, when? \_\_\_\_\_

Do you support Northwest Church in giving on a regular basis? \_\_\_\_\_

Describe your present walk with the Lord \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**—ADDITIONAL INFORMATION—**

Have you ever been arrested for a criminal offense?  yes  no (If yes, please explain.) \_\_\_\_\_  
\_\_\_\_\_

What did you know about Northwest Church prior to applying for this job? \_\_\_\_\_  
\_\_\_\_\_

What skills do you possess that will enable you to be successful at this job? \_\_\_\_\_  
\_\_\_\_\_

What can Northwest Church do to improve our application form/application process? \_\_\_\_\_  
\_\_\_\_\_

**—PERSONAL REFERENCES—**

(Not former employers or relatives)

Name \_\_\_\_\_  friend  coworker  other \_\_\_\_\_

Address \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Name \_\_\_\_\_  friend  coworker  other \_\_\_\_\_

Address \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Name \_\_\_\_\_  friend  coworker  other \_\_\_\_\_

Address \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

**—AUTHORIZATION—**

I hereby certify that to the best of my knowledge the answers made in this application form are true and complete. I understand that if employed, any misrepresentation or omission of facts is sufficient cause for dismissal. I also understand that classification as a regular employee depends upon successfully performing work assigned to me during a trial period.

I authorize my current or former employers and all schools or educational institutions that I have attended to provide Northwest Church information regarding my current or former employment or scholastic work. I hereby release any such current or former employers or institutions, their agents or employees, from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE