

# EASTVIEW CHRISTIAN CHURCH

Employment Application



APPLICANT INFORMATION											
Last Name				First				M.I.			
Street Address						Apartment/Unit #					
City				State				ZIP			
Phone				E-mail Address							
Date Available								Desired Salary			
Position Applied for											
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO	
Have you ever been employed by Eastview?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?				
Do you attend Eastview?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, where do you attend?				
Do you have a current Driver's License?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If not, why?				
EDUCATION											
High School				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
College				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Other				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
REFERENCES											
<i>Please list three professional references.</i>											
Full Name				Relationship							
Company						Phone					
Email											
Full Name				Relationship							
Company						Phone					
Email											
Full Name				Relationship							
Company						Phone					
Email											

PREVIOUS EMPLOYMENT		
Company		Email
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Email
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Email
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date