



Job Application Form

Date: _____

Instructions:

Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____ Last Name _____

Social Security Number _____

Address _____

Phone Number (____) _____

Oregon Drivers License # _____ CDL Yes _____ No _____

Are you eligible to work in the United States?

Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For:

Days/Hours Available

- Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Hours Available: from _____ to _____

What date are you available to start work? _____

EDUCATION:

Name of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

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Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

References:

Name/Title Address Phone

Name/Title Address Phone

Name/Title Address Phone

Personal Statement (Please initial at the end of each statement)

I certify that information contained in this application is true and complete.

_____ Initial

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired.

_____ Initial

I authorize the verification of any or all information listed above.

_____ Initial

I understand that as a condition of hire and subsequently if employed, I may be required to undergo and successfully pass a screening for alcohol and/or drugs at a time which is to be at the discretion of the administration of Life Bible Church. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Life Bible Church.

_____ Initial

I authorize Life Bible Church to conduct a full investigation into my background and activities. This includes but is not limited to my previous employment, education, general reputation, personal characteristics and criminal activity.

_____ Initial

Signature _____

Date _____