

**Kirkland Memorial 2<sup>nd</sup> Church of God in Christ, Inc.**  
**Employment Application**

*Kirkland Memorial 2<sup>nd</sup> Church of God in Christ, Inc. is an equal opportunity, at-will-employer. Please inform a Ministry Representative if you require reasonable accommodation to the application or interview.*

**Date:**

/ /

**APPLICANT DATA:**

**Position applied for:** \_\_\_\_\_

How were you referred to us: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) Mobile/Beeper/Other Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date available to start: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Monthly Salary Requirement: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Have you ever worked for this ministry? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Are you a citizen of the United States? ☐ Yes ☐ No If not, do you have work papers? ☐ Yes ☐ No

Type of employment desired: ☐ Full-time ☐ Part Time ☐ Temporary ☐ Season

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? ☐ Yes ☐ No If yes, give

dates and details: \_\_\_\_\_

*Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration. All prospective employees and employees are required to undergo a background check.*

Driver's license number: \_\_\_\_\_

State: \_\_\_\_\_

**EDUCATION:**

College/University \_\_\_\_\_ Address: \_\_\_\_\_

High School: \_\_\_\_\_ Address: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No Degree: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No Degree: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No Degree: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

**REFERENCES:**

*Please furnish the names, addresses and telephone numbers of two people to whom you are not related and whom supervised you in a prior job capacity:*

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

### PREVIOUS EMPLOYMENT (begin with most recent position):

*I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I*

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (       )                      Manager: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for reference?                      ☐ Yes ☐ No

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (       )                      Manager: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Attach your resume for a complete listing of former employers and associated contacts. Your resume shall become a part of this application for employment. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

Signature of Applicant:----- Date:-----