***Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Trinity Fellowship Business Office.***

**Applicant Information – Please Print**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of |  | Date Available |  |
| Application: |  | for Work: |  |
| Position |  | Desired wage |  |
| Applying for: |  | Salary Range: | $ Per |

|  |  |
| --- | --- |
| First Name: |  |
| Middle Name: |  |
| Last Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address 1: |  | Cell Phone: |  |
| Home Address 2: |  |  |  |
| Home City: |  | Home Phone: |  |
| Home State: |  |  |  |
| Home Zip: |  | E-Mail Address: |  |

**Referral Source**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | College Interview |  | Church |  | Relative |  | Person |  |
|  | Walk-In |  | Past Employment |  |  |  | Other |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If necessary, best time to call you at home is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | AM |  | PM |
|  |  |  |  |  |  |
| May we contact you at work? |  |  | Yes |  | No |
| * If yes, work number and best time to call: # Time |  |  | AM |  | PM |
|  |  |  |  |  |  |
| Are you under the age of eighteen (18)? |  |  | Yes |  | No |
|  |  |  |  |  |  |
| Have you submitted an application to any branch of our organization before? |  |  | Yes |  | No |
| * If yes, give date(s) and position(s): |  |  |  |  |  |
|  |  |  |  |  |  |
| Will you be able to work overtime and/or evening hours if required? |  |  | Yes |  | No |
| *(Evenings; Weekends; Holidays; etc.)* |  |  |  |  |  |
|  |  |  |  |  |  |
| Can you perform the functions of the job (essential and/or marginal), with / without |  |  |  |  |  |
| a reasonable accommodation? |  |  | With |  | Without |
| * If “with”, explain: |  |  |  |  |  |
|  |  |  |  |  |  |
| Have you ever been arrested for any criminal conduct that did not result in a conviction? |  |  | Yes |  | No |
| * If yes, explain: |  |  |  |  |  |
|  |  |  |  |  |  |
| Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? |  |  | Yes |  | No |
| * If yes, please provide date(s) and details: |  |  |  |  |  |
|  |  |  |  |  |  |

**Answering “yes” to these questions does not constitute an automatic bar to employment, factors such as date of the offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.**

**Employment History**–Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (Attach a resume if available).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| #1 Employer / Company Name: | Dates Employed | | | | Summarize the type of work | | | |
|  | From | | | To | performed and job responsibilities. | | | |
| Telephone #: |  | | |  |  | | | |
|  |  | | |  |  | | | |
| Address: | Starting Pay Rate | | | |  | | | |
|  | $ | | | per |  | | | |
| Starting Job Title / Final Job Title |  | | |  |  | | | |
|  |  | | |  |  | | | |
| Immediate Supervisor and Title | Final Pay Rate | | | |  | | | |
|  | $ | | | per |  | | | |
| Reason for Leaving |  | | |  |  | | | |
|  |  | | |  |  | | | |
| May We Contact for Reference? | |  | Yes | |  | No |  | Later |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| #2 Employer / Company Name: | Dates Employed | | | | Summarize the type of work | | | |
|  | From | | | To | performed and job responsibilities. | | | |
| Telephone #: |  | | |  |  | | | |
|  |  | | |  |  | | | |
| Address: | Starting Pay Rate | | | |  | | | |
|  | $ | | | per |  | | | |
| Starting Job Title / Final Job Title |  | | |  |  | | | |
|  |  | | |  |  | | | |
| Immediate Supervisor and Title | Final Pay Rate | | | |  | | | |
|  | $ | | | per |  | | | |
| Reason for Leaving |  | | |  |  | | | |
|  |  | | |  |  | | | |
| May We Contact for Reference? | |  | Yes | |  | No |  | Later |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| #3 Employer / Company Name: | Dates Employed | | | | Summarize the type of work | | | |
|  | From | | | To | performed and job responsibilities. | | | |
| Telephone #: |  | | |  |  | | | |
|  |  | | |  |  | | | |
| Address: | Starting Pay Rate | | | |  | | | |
|  | $ | | | per |  | | | |
| Starting Job Title / Final Job Title |  | | |  |  | | | |
|  |  | | |  |  | | | |
| Immediate Supervisor and Title | Final Pay Rate | | | |  | | | |
|  | $ | | | per |  | | | |
| Reason for Leaving |  | | |  |  | | | |
|  |  | | |  |  | | | |
| May We Contact for Reference? | |  | Yes | |  | No |  | Later |

**Educational Background**– List the last three (3) schools attended starting with the most recent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | Grade / Years Completed | Degree / Diploma | GPA / Class Rank | Major | Minor |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Skills and Qualifications and Military Record** –Summarize any special training skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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|  |

**References** – List 3 adult individuals (1 employer or teacher, 2 Christian workers) that you can use as personal references (No relatives or peers, please). These people should be familiar with your character and qualifications for the position(s) you are applying for.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | **Telephone** |  | **Years Known** |
| 1) |  |  |  |  |
| 2) |  |  |  |  |
| 3) |  |  |  |  |

**Christian Beliefs** – At Trinity Fellowship we desire to have a distinctly Christian atmosphere and influence. No matter where one works, all staff is expected to live exemplary Christian lives. Therefore, to help us better understand your beliefs and Christian experience, please answer the following questions in your own words. In addition, employees will be asked to sign the Trinity Fellowship **Statement of Faith**.

1) Briefly summarize how you came to know Jesus Christ as your Lord and Savior.

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| --- | --- | --- | --- | --- | --- |
| 2) Are you a member of Trinity Fellowship Church? |  |  | Yes |  | No |

3) Why do you want to serve at Trinity Fellowship?

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**Applicant Statement**

I certify that all information provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from Trinity Fellowship’s service, whenever it is discovered.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the end of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

It is my understanding that Trinity Fellowship is an at-will employer and by understanding this it has been explained to me that if I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by myself and the Executive Director of Trinity Fellowship.

I understand that if offered a position with Trinity Fellowship, I may be required to submit to a pre-employment background check and a pre-employment drug test as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment checks will result in withdrawal of any employment offer or termination of employment if already employed.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |  | Date: |  |

***I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.***

***Business Office Use Only***

|  |  |  |  |
| --- | --- | --- | --- |
| Entered By: |  | Date: |  |