



Employment Application Form

NAME: _____ DATE: _____
Last First Middle

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PERMANENT ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP CODE: _____

BIRTHDATE: ___/___/___ Home PHONE: () _____

Cell PHONE: () _____

Position applying for: _____

Applying for: Regular full-time Regular part-time Temporary

Describe availability: _____

Have you ever applied for a Dayspring Church position before? No Yes — If yes, when? _____

Do you have any friends or relatives employed by Dayspring Church? No Yes — If yes, share:

Name, Position

Relationship

Name, Position

Relationship

Name, Position

Relationship

Name, Position

Relationship

Please write a short paragraph telling how you became a Christian: _____

Do you attend Dayspring's Church? No Yes — If yes, for how long? _____

Are you a member of Dayspring's Church? No Yes — If yes, date joined: _____

If hired, would you have a reliable means of transportation to and from work?Yes No
 Are you at least 18 years old?
 (If under 18, hire is subject to being of minimum legal age to work)Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your
 legal right to live and work in this country?Yes No
 Have you ever been arrested or convicted of a crime (other than moving violations)?..... Yes No
 -If yes, please explain. _____

Are you able to perform the essential functions of the job for which you
 are applying, either with or without reasonable accommodation? Yes No
 If no, describe the functions that cannot be performed:
 Are you currently employed? Yes No
 If so, may we contact your current employer? Yes No
 Some of those with whom we communicate might not speak English.
 Do you speak, write, or understand any foreign language(s)?Yes No
 If yes, which languages? _____

Education

School	Name, Address, City, State, Zip	# Years Completed	Did you Graduate?	Degree or Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/ Business			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/ Business			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employment History: List below all present and past employment starting with your most recent employer (and two prior companies will be sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employed From/To	Company Name, Address, City, State, Zip	
		Phone: () -
		Supervisor's Name:
		His/Her Extension:
	Your Job Title:	
	Your Duties:	
	Reason for Leaving:	
	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Phone: () -
		Supervisor's Name:
		His/Her Extension:
	Your Job Title:	
	Your Duties:	
	Reason for Leaving:	
	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Phone: () -
		Supervisor's Name:
		His/Her Extension:
	Your Job Title:	
	Your Duties:	
	Reason for Leaving:	
	May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Attach additional pages if necessary.

References: List below three persons not related to you who have knowledge of your work performance within the last three years.

	Address, City, State, Zip
First & Last Name:	
Phone:	
Occupation:	# Years Acquainted:
First & Last Name:	
Phone:	
Occupation:	# Years Acquainted:
First & Last Name:	
Phone:	
Occupation:	# Years Acquainted:

