

# Sample Application Form

**Instructions:** Please complete all of the questions accurately and fully. Attach additional sheets if needed.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

Driver License: State \_\_\_\_ Number \_\_\_\_\_

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

How long at current address: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Best Time to Contact You: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you legally eligible to work in this country?  
\_\_\_\_ Yes \_\_\_\_ No

*Note: If you are chosen for a paid position, you will be required to show documents verifying your employment eligibility and identity to complete the INS Form I-9 as required by the Immigration Reform and Control Act.*

Please list your addresses in the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what position are you applying? \_\_\_\_\_

What interests you about the position for which you are currently applying? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What has prepared you for the position for which you are currently applying? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Employment history- Please complete for your prior employers, covering the past ten years.

Dates of employment (Start with most recent)	Company name and address (City, State Zip)	Immediate supervisor name and phone number	Position held	Reason for leaving position
Started ____/____/____ Ended ____/____/____				
Started ____/____/____ Ended ____/____/____				
Started ____/____/____ Ended ____/____/____				
Started ____/____/____ Ended ____/____/____				

## Volunteer experience

Organization	Duties	Dates	Contact	Phone

## Educational history

Name of School	Address (City, State Zip)	Type of School	Name of Program or Degree	Program completed?

## References

Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Relationship to You
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family member				

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Acknowledgment, Release, and Signature for Inclusion in Application or with Church Deployment Office Form**

*To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize \_\_\_\_\_ [Parish or Institution] to request and receive such information.*

*If hired or chosen, I agree to be bound by \_\_\_\_\_ [Parish or Institution's] policies and procedures, including but not limited to its **Policies for the Prevention of Sexual Harassment**.*

*I understand that these may be changed, withdrawn, added to or interpreted at any time at the \_\_\_\_\_ [Parish or Institution's] sole discretion and without prior notice to me.*

*I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of \_\_\_\_\_ [Parish or Institution] or myself.*

*Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and \_\_\_\_\_ [Parish or Institution] for employment, volunteering or the providing of any benefit.*

*I have read and understand the above provisions.*

*Signature \_\_\_\_\_*

*Date \_\_\_\_\_*

*Print Name \_\_\_\_\_*

*Parish or Institution \_\_\_\_\_*