

LIFE CHURCH OF GOD IN CHRIST
 3349 Rubidoux Boulevard * Riverside, CA 92509
 Office: (909) 684-5433 Fax: (909) 684-8117
 Ron M. Gibson, Pastor / Founder
 WWW.LIFECHURCHRIVERSIDE.ORG

<i>Office Use Only</i>
Received By: _____
Date Received: _____

EMPLOYMENT APPLICATION

Thank you for your interest in employment with Life Church Of God In Christ, Inc. Please answer all questions completely in your handwriting in black or blue ink. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State, or Local Fair Employment Practices Law.

I. PERSONAL INFORMATION

Last Name	First Name	Middle Name	Date
Street Address			Home Phone ()
City	State	Zip	Business Phone ()
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number - -
Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License _____ State _____ Exp _____		If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please write name: _____	Do you have relatives employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please write name(s) & relationship: _____		
Have you ever been convicted of a felony in the last (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
Emergency Contacts Name: _____	Relationship _____		Phone Number () _____
Name: _____			() _____
Position Desired	Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Days and Hours Available for Work	
Are you able to perform the essential job functions for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe the functions that cannot be performed: _____			
Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, skill, and agility tests.			
How were you referred to our company? <input type="checkbox"/> Employee/Member Referral (name) _____ <input type="checkbox"/> Church Bulletin <input type="checkbox"/> Walk-in <input type="checkbox"/> Other(specify): _____			

II. EDUCATION BACKGROUND

School Level	Name & Location of School	Course of Study	Circle last grade completed	Did you Graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

III. REFERENCES

Name	Phone	Years Known
	()	
	()	
	()	

IV. SKILLS & QUALIFICATIONS

Typing Speed _____ wpm	10 key by touch <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Languages (indicate proficiency to speak, read, and write)			
PC Skills (indicate software used)			Other Skills		
Do you have any experience, training, qualifications or special skills, which make you especially suited for work at this company?					

V. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)

Company Name			Phone ()		From: Mo/Yr	To: Mo/Yr
Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title		Duties		Reason for leaving		
Supervisor's Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name			Phone ()		From: Mo/Yr	To: Mo/Yr
Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title		Duties		Reason for leaving		
Supervisor's Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name			Phone ()		From: Mo/Yr	To: Mo/Yr
Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title		Duties		Reason for leaving		
Supervisor's Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name			Phone ()		From: Mo/Yr	To: Mo/Yr
Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title		Duties		Reason for leaving		
Supervisor's Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

VI. ACKNOWLEDGEMENT – Please read carefully, initial each paragraph, and sign below.

Initial	I authorize any person, school, current employer (except as noted above), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide Life Church with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.
Initial	In consideration of employment, I agree to obey the rules and standards of Life Church. I understand that nothing contained in this application or in the interview process is intended to create a contract between Life Church and me for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of Life Church or me. This constitutes my entire agreement with Life Church with regard to the length of employment.
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination, which may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to Life Church or its agents, all medical information revealed during such examinations. I further authorize Life Church to disclose such information to any other persons, if at any time others or I put my medical condition at issue in any proceeding. In the event that I have a disability, which will affect my ability to take the test, I will so inform Life Church so that a reasonable accommodation can be made. Life Church reserves the right to require medical documentation concerning the need for accommodation.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.
Applicant's Signature	
Date	