



EPISCOPAL CHURCH HOME & AFFILIATES



EMPLOYMENT APPLICATION

Applicant Name (please Print legibly):

Position:

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
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IS ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF AN ASSUMED NAME OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK RECORD? NO YES IF YES, EXPLAIN:

PRESENT ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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PERMANENT ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
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POSITION APPLIED FOR	SALARY DESIRED
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HOW WERE YOU REFERRED TO THIS FACILITY?	ARE YOU APPLYING FOR
	FULL TIME PART TIME REGULAR TEMPORARY

RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? LIST ALL FAMILY MEMBERS, NAME & RELATIONSHIP, OTHER THAN SPOUSE, NOW WORKING FOR US

HAVE YOU EVER BEEN EMPLOYED IN THIS FACILITY? (GIVE DETAILS)	YES NO	WILLING TO WORK
LONG RANGE OCCUPATIONAL GOAL:		ANY SHIFT YES NO WEEKENDS & HOLIDAYS YES NO ROTATING SHIFTS YES NO ON CALL YES NO
ARE YOU A U.S. CITIZEN OR ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	YES NO	SHIFT PREFERENCE 1ST 2ND 3RD

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? IF YES, THIS WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT, GIVE DETAILS.

EDUCATION / SPECIAL SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
GRADUATE			1	2	3	4	YES NO	
COLLEGE			1	2	3	4	YES NO	
BUSINESS TRADE			1	2	3	4	YES NO	
HIGH SCHOOL			1	2	3	4	YES NO	

OTHER BUSINESS COLLEGE, OTHER SPECIAL COURSES (INCLUDE SPECIAL MILITARY TRAINING, POST GRADUATE AND NURSING)

SUMMARIZE SPECIAL JOB RELATED SKILLS OR OTHER EXPERIENCE

TYPING SPEED: _____ COMPUTER/WORD PROC. YRS. EXPERIENCE: _____ OFFICE EQUIPMENT: _____

OTHER: _____

From	To	Immediate Supervisor	Last Salary Hourly/Yearly
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JOB TITLE: _____

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DUTIES: _____

REASON FOR LEAVING: _____

From	To	Immediate Supervisor	Last Salary Hourly/Yearly
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JOB TITLE: _____

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DUTIES: _____

REASON FOR LEAVING: _____

From	To	Immediate Supervisor	Last Salary Hourly/Yearly
------	----	----------------------	---------------------------

JOB TITLE: _____

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DUTIES: _____

REASON FOR LEAVING: _____

From	To	Immediate Supervisor	Last Salary Hourly/Yearly
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JOB TITLE: _____

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DUTIES: _____

REASON FOR LEAVING: _____

STATE IF YOU DO NOT WANT US TO CONTACT ANY OF THE ABOVE LISTED FORMER EMPLOYERS AND THE REASON YOU DO NOT WANT EACH CONTACTED.

DID YOU SERVE IN THE U.S. ARMED SERVICES? YES NO WHAT BRANCH? _____

HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES? YES NO WHERE? _____

BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED THROUGH VOLUNTEER OR MILITARY SERVICE: (INCLUDE DATES)

PERSONAL REFERENCES

LIST AT LEAST 3 PERSONAL REFERENCES (NOT RELATIVES OR EMPLOYERS): _____

NAME	RELATIONSHIP	ADDRESS /ZIP CODE	TELEPHONE

DATE YOU ARE AVAILABLE TO WORK: _____

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW:

I hereby affirm the information provided on this application (and accompanying resume, if applicable) is true and complete and I have not withheld any pertinent information. I understand any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

In compliance with State and Federal laws, all individuals shall not be discriminated against with regard to race, color, sexual preference, national origin, religion, sex, handicap, blindness, age or marital status.

I understand the Company hires qualified individuals regardless of disability and will make reasonable accommodation for an individual's disability when necessary.

DATE: _____

SIGNATURE: _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

In connection with my application for employment with Episcopal Church Home & Affiliates, I hereby authorize you, and each and every former employer to provide Episcopal Church Home & Affiliates the information requested herein. I also authorize you to release to Episcopal Church Home & Affiliates any information concerning the evaluation of my skills, work habits, character, qualifications, personal attributes and any other information they may request to help them in making a better evaluation of my qualifications and capabilities. I specifically consent to your disclosure of the above, in accordance with the provisions of the Privacy Act of 1974 and any similar Federal or State laws as amended. I hereby release you from any liability in providing this information about me and waive any right to examine your completed response.

Date: _____ Applicant Signature: _____

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Date: _____ Applicant Signature: _____