



EMPLOYMENT APPLICATION

Offices/Mailing Address: 3603 Crossings Drive Prescott, AZ 86305 Phone: 928.445.1421 FAX: 928.583.7615

POSITION APPLYING FOR:

DATE:

INSTRUCTIONS: Thank you for taking time to complete this application. Please complete the application in ink as accurately and concisely as possible. A clear understanding of your background and work history will assist us in considering you for the position that best fits your qualifications. We will keep this information as confidential as possible and it will be prayerfully examined as you consider employment with Heights Church.

PERSONAL INFORMATION:

Last Name First Name Middle Name Address (Street) (City) (State) (Zip Code) Social Security Number Telephone Number Cell / Message Number

Where did you learn about this Job: Church Program Heights Website Walk-In Other: Referred by: (Please specify)

Have you ever served in the U.S. Armed Forces? Yes No From: To: Branch: Type of Discharge:

Have you ever been convicted of a felony? Yes No If yes, please explain:

Do you have a legal right to work in the U.S.? Yes No If yes, are you able to show proof of work eligibility to be employed? Yes No I understand and agree that Prescott Heights Church utilizes the US Federal Government "E-Verify" program to verify that individuals starting employment are eligible to work in the United States. initials

Are you able to perform the task for the position you are seeking without an accommodation? Yes No If no, how would you perform these tasks and with what accommodation?

EDUCATION:

Type of School	Name and Location of School (City and State)	Did you Graduate?	Major or Focus of Study	Degree Earned
HIGH SCHOOL:		<input type="radio"/> Yes <input type="radio"/> No		
COLLEGE/ TRADE SCHOOL:		<input type="radio"/> Yes <input type="radio"/> No		

EMPLOYMENT HISTORY: In the space below, account for the past ten (10) years, whether working or not. **START WITH YOUR MOST RECENT EXPERIENCE AND WORK BACKWARDS.** Include military service and any periods of unemployment. Give complete names and addresses. If self-employed, give firm name. Attach additional sheets, if necessary. **A Resume may not be substituted** for the requested information, but can be attached.

Present Employer: _____ Contact Phone #: _____

Position Title: _____

Employment Dates: (start) _____ (end) _____

May we contact employer: Yes No

Address: _____ City: _____ State: _____ Zip: _____

Direct Supervisor: _____

Rate of Pay: \$ _____ per _____ Hours Per Week: _____

Primary Job Responsibilities: _____

Reason for Leaving: _____

Previous Employer: _____ Contact Phone #: _____

Position Title: _____

Employment Dates: (start) _____ (end) _____

May we contact employer: Yes No

Address: _____ City: _____ State: _____ Zip: _____

Direct Supervisor: _____

Rate of Pay: \$ _____ per _____ Hours Per Week: _____

Primary Job Responsibilities: _____

Reason for Leaving: _____

EMPLOYMENT, continued....

Previous Employer: _____ Contact Phone #: _____
Position Title: _____
Employment Dates: (start) _____ (end) _____
May we contact employer: Yes No
Address: _____ City: _____ State: _____ Zip: _____
Direct Supervisor: _____
Rate of Pay: \$ _____ per _____ Hours Per Week: _____
Primary Job Responsibilities: _____

Reason for Leaving: _____

Previous Employer: _____ Contact Phone #: _____
Position Title: _____
Employment Dates: (start) _____ (end) _____
May we contact employer: Yes No
Address: _____ City: _____ State: _____ Zip: _____
Direct Supervisor: _____
Rate of Pay: \$ _____ per _____ Hours Per Week: _____
Primary Job Responsibilities: _____

Reason for Leaving: _____

Previous Employer: _____ Contact Phone #: _____
Position Title: _____
Employment Dates: (start) _____ (end) _____
May we contact employer: Yes No
Address: _____ City: _____ State: _____ Zip: _____
Direct Supervisor: _____
Rate of Pay: \$ _____ per _____ Hours Per Week: _____
Primary Job Responsibilities: _____

Reason for Leaving: _____

Professional References: (If not previously employed, list personal references)

1. Name/Title: _____

Organization: _____

Association with you: _____ Telephone: _____

2. Name/Title: _____

Organization: _____

Association with you: _____ Telephone: _____

3. Name/Title: _____

Organization: _____

Association with you: _____ Telephone: _____

Please Read and Sign:

I certify that the information given by me in this Employment Application is true and complete, I understand and agree that my employment with this company may be immediately discontinued if misrepresentations, falsified statements, or material omissions are found to have been made. I authorize schools, former employers, former supervisors and or any one named in this application form to provide any and all information pertinent to my employability and hereby release those providing such information from any liability for doing so. I also understand that employment, if offered, is contingent upon my providing additional information for employee record purposes. I also agree to release and hold harmless Prescott Heights Church, its officers, employees, agents and volunteers. I further understand that the term of employment at this company is for such a period as the company may deem my services to be satisfactory and desirable. I will comply with and be governed by all company policies, rules, and procedures as may be in effect from time to time. I understand that should I accept an offer of employment from Prescott Heights Church, I will for the entire term of my employment, regardless of duration, be an "at-will" employee. This means that I will be free to terminate my employment from Prescott Heights Church at any time, for any reason whatsoever, with or without good cause, and that Prescott Heights Church will be free to discharge me at any time, for any reason whatsoever, with or without good cause. I understand that I will be an "at-will" employee regardless of anything I may be told to the contrary by Prescott Heights Church personnel and regardless of anything that may be published otherwise by Prescott Heights Church. I have read the above, understand its content and meaning and voluntarily and freely agree to all of its provisions. I understand that, upon my request, I will be provided a copy of my executed employment application.

Applicant Signature: _____ Date: _____

Human Resources Use Only

Phone Screened: _____ Date: _____ Screened By: _____

Comments: _____

Hired: Yes No Position: _____ Start Date: _____