

Middletown Christian Church Employment Application



Personal Information		
First Name:	Middle Name:	Last Name:
Street Address:	City:	State: Zip:
E-mail Address:		
Home Phone:	Cell Phone:	
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No You will be required to show proof of eligibility upon employment.		
Position Information		
Position Applying For:		
Available Start Date:	Job Status Availability: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Have you ever worked for Middletown Christian Church? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Have you ever applied for a job at Middletown Christian Church? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.		
Work History – Starting with most recent employer.		
Employer #1:	Address:	Phone Number:
Supervisor's Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date:	Starting Salary:	
End Date:	Ending Salary	
Describe job responsibilities:		
Reason for leaving:		
Employer #2:	Address:	Phone Number:
Supervisor's Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date:	Starting Salary:	
End Date:	Ending Salary	
Describe job responsibilities:		
Reason for leaving:		
Employer #3:	Address:	Phone Number:
Supervisor's Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date:	Starting Salary:	
End Date:	Ending Salary	
Describe job responsibilities:		
Reason for leaving:		

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Education		
High School:	Address	City State Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Diploma/Major
Technical/Trade School Name:	Address	City State Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Diploma/Major
College Name:	Address	City State Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Diploma/Major
Graduate School:	Address	City State Zip
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Diploma/Major
Personal References – No relatives or former employers.		
Name:	Occupation:	Relationship:
Address:	Phone Number:	Years Known:
Name:	Occupation:	Relationship:
Address:	Phone Number:	Years Known:
Name:	Occupation:	Relationship:
Address:	Phone Number:	Years Known:
<p>I certify that I have answered these questions to the best of my knowledge and understand that any false information on this application may be grounds for termination.</p> <p>I authorize Middletown Christian Church to contact references and former employers to verify the information I have provided. I also release all parties from any liability that may result from providing this information.</p>		
Printed Name:		
Signature:		Date: