

Employment Application Ivy Memorial Baptist Church

Please Print

Date _____

Last Name, First Name & Middle _____

Present Address (Street City State Zip) _____

Phone Number: _____

Social Security number: _____ Date of Birth: _____

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for Ivy Memorial Baptist before? Yes ___ No ___

If yes, when? _____

Do you have any friends or relatives working for Ivy Memorial Baptist? Yes ___ No ___

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

If hired, would you have a reliable means of transportation to and from work? Yes ___ No ___

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes ___ No ___

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes ___ No ___

If no, 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, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

Yes ___ No ___ (Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered)

Education, Training, and Experience

	Name and Address	No. of years completed	Did you graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ City State Zip		Yes ___ No ___	
College / University	_____ Name _____ Address _____ City State Zip		Yes ___ No ___	
Vocational / Business	_____ Name _____ Address _____ City State Zip		Yes ___ No ___	

Employment History

Please, list below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer Telephone No. _____

Type of Business Your Supervisor's Name _____

Street Address City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes ___ No ___

Name of Employer Telephone No. _____

Type of Business Your Supervisor's Name _____

Street Address City _____ State _____ Zip _____

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes ___ No ___

