

EMPLOYMENT APPLICATION

(This type of application should be completed by all who seek any position that will involve the supervision and/or custody of children or youth. You should tailor the application to the specific circumstances in your congregation. However, the employment application should include sections for personal identification, job qualifications, experience and background for the past 5-10 years, references, a criminal history, and a waiver/consent to a periodic criminal records check or fingerprinting.)

APPLICANT INFORMATION

| | | | |
|--|---|---|----------------|
| Name (Last) | (First) | (Middle) | Date |
| Address | City | State | ZIP Code |
| Telephone | Alternate Telephone | Best Contact Time | E-Mail Address |
| Social Security Number | Driver's License No./Issuing State | Date of Birth | |
| Position Apply For | Type of Work Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Contract | | |
| When Are You Available to Begin Work? | | Will You Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If hired, can you provide evidence that you are authorized and of legal age to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| In Case of Emergency Notify | Telephone | Name of Nearest Relative | Telephone |

EDUCATION

| TYPE | SCHOOL NAME/LOCATION | COURSE OF STUDY | NO. YEARS ATTENDED | DEGREE/DIPLOMA |
|--------------------|-------------------------|-----------------|-----------------------|----------------|
| HIGH SCHOOL | | | | |
| BUSINESS/TECHNICAL | | | | |
| COLLEGE | | | | |
| GRADUATE | | | | |
| OTHER | | | | |

| | |
|---|----------------|
| Professional Organizations: | |
| First-Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Completed |
| CPR Training? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Completed |

EMPLOYERS

(List all jobs and contracts held by you during the past five continuous years)

CURRENT EMPLOYER

| | | | |
|--------------------|------------|-------|------------------------|
| Company Name | Telephone | | |
| Address | City | State | ZIP Code |
| Position Held | From | To | Starting/Ending Salary |
| Reason for Leaving | Supervisor | | |

PREVIOUS EMPLOYER

| | | | |
|--------------------|------------|-------|------------------------|
| Company Name | Telephone | | |
| Address | City | State | ZIP Code |
| Position Held | From | To | Starting/Ending Salary |
| Reason for Leaving | Supervisor | | |

PREVIOUS EMPLOYER

| | | | |
|--------------------|------------|-------|------------------------|
| Company Name | Telephone | | |
| Address | City | State | ZIP Code |
| Position Held | From | To | Starting/Ending Salary |
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PREVIOUS EMPLOYER

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| Address | City | State | ZIP Code |
| Position Held | From | To | Starting/Ending Salary |
| Reason for Leaving | | Supervisor | |

MILITARY STATUS

| | | | |
|---|-----------------|-------------------|----------|
| Have You Served in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No | Branch | Start Date | End Date |
| Rank/Rate at Discharge | Type of Service | Type of Discharge | |
| Special Training/Experience Received in the U.S. Armed Services | Draft Status | Reserve Status | |

CRIMINAL HISTORY

| |
|---|
| Have you ever been <i>convicted</i> of a criminal offense? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently on probation or parole? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred. |

PERSONAL REFERENCES:

| | | | | |
|------|---------|-------|------------|--------------|
| Name | Address | Phone | Occupation | Relationship |
| Name | Address | Phone | Occupation | Relationship |
| Name | Address | Phone | Occupation | Relationship |

APPLICANT STATEMENT

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I have reviewed the Authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

| |
|---|
| Print Name |
| Signature Date |

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