

Ministry Council of the Cumberland Presbyterian Church

Employment Application

PERSONAL INFORMATION (Please fill in all information)

| | | | | | |
|--|--|--------------------------------|--|--|--|
| Last Name | | First Name | | Middle Name | |
| Street Address | | City, State | | Zip Code | |
| Home Phone | | Cell Phone | | Work Phone | |
| E-Mail Address | | Driver's License # or State ID | | | |
| Upon employment, can you show verification of your legal right to work in the United States? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever been convicted of a felony which has not been expunged or sealed by a court? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

POSITION

| | | | | | | |
|--|---|----------------|----|--|----------------|--|
| Position Desired | | Salary Desired | \$ | | Date Available | |
| How were you referred? | <input type="checkbox"/> Website <input type="checkbox"/> Referral (provide name) | | | | | |
| Have you ever applied for employment with us before? If "Yes", dates and position(s) | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you related to any employee of the Cumberland Presbyterian denomination? If "Yes," identify by name and relationship. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

EDUCATION

| SCHOOL NAME | CITY, STATE | MAJOR COURSE OF STUDY | HIGHEST GRADE COMPLETED DIPLOMA/DEGREE |
|--|-------------|-----------------------|---|
| HIGH SCHOOL | | | |
| | | | |
| UNDERGRADUATE | | | |
| | | | |
| GRADUATE | | | |
| | | | |
| POST-GRADUATE | | | |
| | | | |
| JOB-RELATED ACTIVITIES, HONORS, OFFICES HELD | | | |
| | | | |
| DESCRIBE OTHER JOB-RELATED TRAINING COMPLETED | | | |
| | | | |

U.S. MILITARY SERVICE

| BRANCH/DUTY/LOCATION | MILITARY SPECIALTY | HIGHEST RANK | SPECIAL HONORS/TRAINING SERVICE SCHOOLS ATTENDED |
|----------------------|--------------------|--------------|---|
| | | | |

WORK EXPERIENCE (begin with current/most recent position)

| | | | | | |
|--------------------------|--|-----------------|--|--|----|
| CURRENT EMPLOYER | | ADDRESS | | CITY/STATE | |
| | | | | | |
| PHONE NUMBER | | SUPERVISOR | | MAY WE CONTACT | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DATES EMPLOYED: | | STARTING SALARY | | ENDING SALARY | |
| From | | To | | \$ | \$ |
| PRIMARY RESPONSIBILITIES | | | | | |
| REASON FOR LEAVING | | | | | |

| | | | | | |
|--------------------------|--|-----------------|--|--|----|
| EMPLOYER | | ADDRESS | | CITY/STATE | |
| | | | | | |
| PHONE NUMBER | | SUPERVISOR | | MAY WE CONTACT | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DATES EMPLOYED: | | STARTING SALARY | | ENDING SALARY | |
| From | | To | | \$ | \$ |
| PRIMARY RESPONSIBILITIES | | | | | |
| REASON FOR LEAVING | | | | | |

| | | | | | |
|--------------------------|--|-----------------|--|--|----|
| EMPLOYER | | ADDRESS | | CITY/STATE | |
| | | | | | |
| PHONE NUMBER | | SUPERVISOR | | MAY WE CONTACT | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DATES EMPLOYED: | | STARTING SALARY | | ENDING SALARY | |
| From | | To | | \$ | \$ |
| PRIMARY RESPONSIBILITIES | | | | | |
| REASON FOR LEAVING | | | | | |

| | | | | | |
|--------------------------|--|-----------------|--|--|----|
| EMPLOYER | | ADDRESS | | CITY/STATE | |
| | | | | | |
| PHONE NUMBER | | SUPERVISOR | | MAY WE CONTACT | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DATES EMPLOYED: | | STARTING SALARY | | ENDING SALARY | |
| From | | To | | \$ | \$ |
| PRIMARY RESPONSIBILITIES | | | | | |
| REASON FOR LEAVING | | | | | |

| |
|---|
| STATE WHETHER YOU HAVE EVER BEEN TERMINATED OR SUSPENDED FROM ANY PREVIOUS EMPLOYMENT AND DESCRIBE THE CIRCUMSTANCES. |
| |
| |
| |

PROFESSIONAL REFERENCES (Three persons to whom you are not related and by whom you have not been employed.)

| NAME/ADDRESS | PHONE | OCCUPATION | YEARS KNOWN |
|--------------|-------|------------|-------------|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

In addition to the three references above, applicants will ensure three signed letters of recommendation (from three additional people) are submitted prior to the application deadline.

The information I have provided on this application is accurate and true to the best of my knowledge. I understand that making misrepresentations on this application will be grounds for termination.

Signature _____ (Electronic Signature) Date _____