
APPLICATION FOR FACILITY OPERATIONS EMPLOYMENT

Please complete and return to the church office or the Plex [as directed]

Date of Application : _____ Position applied for _____

Name : _____

Current Mailing Address : _____ Home Phone : _____

Permanent Address : _____ Work Phone : _____

Date of Birth : _____ Email : _____

EDUCATIONAL BACKGROUND

Name of School Attended: _____

Circle last year completed : High School College Post Graduate Other [describe] _____

Special Training Taken : _____

PHYSICAL

Any health problems / issues that could effect your employment? _____ No _____ Yes

If yes, please describe : _____

EMPLOYMENT BACKGROUND

[List below your two most recent employers beginning with the current as most recent one. If you were employed under a different name, e.g., a maiden name, please not that]

May we contact your present employer? _____ No _____ Yes

** Most recent first*

Employers Name : _____ Address : _____

Phone : _____ Type of Work _____ Supervisor's Name : _____ Salary : _____

Date Started : _____ Date Left : _____ Reason for Leaving : _____

Employers Name : _____ Address : _____

Phone : _____ Type of Work _____ Supervisor's Name : _____ Salary : _____

Date Started : _____ Date Left : _____ Reason for Leaving : _____

Maintenance Skills / Experience

Cleaning : [list experience, equipment] _____

Repair / Maintenance : [list experience, equipment] _____

Administrative Skills

Computer Experience : [circle appropriately] PC MAC Both Comment : _____

Software Experience : [list software programs] _____

If you have more than a basic knowledge, please describe : _____

Communication / Team Skills

Representative / Dealing with Public : _____

Collaborative / Working on a Team : _____

Other Skills [please list any other skills or qualities that make you feel you are qualified for the position]

REFERENCES

[please list any other skills or qualities that make you feel you are qualified for the position]

Name	Address	Phone	Years Acquainted	Relationship
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RELEASE AUTHORIZATION

I certify that this employment application was completed by me and that all 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 understand that a Criminal Records Verification may be requested and I authorize such a verification to be made. I understand that this employment application is not valid without my signature.

Applicant Authorization Signature

Date

For office use only : Please do not write below this line