



EMPLOYMENT APPLICATION

Today's Date: _____

LAST NAME	FIRST NAME	MIDDLE NAME	EMAIL ADDRESS
ADDRESS	CITY	STATE	ZIP
			TELEPHONE

POSITION DESIRED	VERIFICATION	CHURCH BACKGROUND
	Social Security # _____ / _____ / _____ Date of Birth: _____	Date of Salvation _____ Do you attend church at GVCC? _____
Beginning Hourly Wage Desired \$ _____	Do you have friends or relatives who work here? _____ Names: _____ _____	How long have you attended? _____ If not, what church do you attend? _____ _____

EDUCATIONAL RECORD (Name & Address)	CIRCLE LAST GRADE COMPLETED	DID YOU GRADUATE	WHEN	IN YOUR OWN WORDS, WHAT DOES IT MEAN TO BE A CHRISTIAN
LAST ELEMENTARY	1 2 3 4 5 6 7 8			
LAST HIGH SCHOOL	9 10 11 12			
JUNIOR COLLEGE	MAJOR FIELD	DEGREE		
COLLEGE OR UNIVERSITY	MAJOR FIELD	DEGREE		
COLLEGE OR UNIVERSITY	MAJOR FIELD	DEGREE		

EMERGENCY NOTIFICATION

PERSON TO NOTIFY: _____

NAME	ADDRESS	TELEPHONE
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GIVE THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS, WHOM YOU HAVE KNOWN FOR AT LEAST FIVE YEARS

NAME	ADDRESS	TELEPHONE	OCCUPATION	VERIFICATION
				BY: _____
				BY: _____
				BY: _____

WILL YOU NEED CHILDCARE? _____

NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____

In the space below account for all the times over the past 10 years, whether working or not. Include military service and any period of unemployment.

EMPLOYMENT RECORD

Give complete names and addresses. If self-employed, give firm name and one business reference.

EMPLOYED				EMPLOYER'S NAME, ADDRESS & PHONE NO. START WITH MOST RECENT EMPLOYER	JOB DESCRIPTION	SALARY OR WAGE	REASON FOR LEAVING	VERIFIED
FROM		TO						
MO	YR	MO	YR					
								BY:
								BY:
								BY:
								BY:
								BY:

SPECIAL QUESTIONS

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS **CHECKED** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- The Age Discrimination In Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

____ HAVE YOU EVER FAILED TO PASS AN INSURANCE PHYSICAL EXAMINATION?	YES	NO	____ DO YOU HAVE ANY WAR SERVICE DISABILITY?	YES	NO
____ HAVE YOU EVER FILED A CLAIM FOR WORKMEN'S COMPENSATION?	YES	NO	____ DO YOU HAVE ANY PHYSICAL LIMITATIONS?	YES	NO
IF YES: DID YOU RECEIVE AN AWARD?	YES	NO	IF YES, DESCRIBE _____		
____ WAS IT BASED ON PERMANENT DISABILITY OF ANY KIND	YES	NO	____ HAVE YOU MISSED ANY WORK DURING THE PAST SIX MONTHS DUE TO ILLNESS?	YES	NO

I certify that all the statements and answers to the above questions were made by me and are true without any reservations or evasions. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with, treatment from disclosing to the company any knowledge or information thereby acquired.

HEIGHT ____ ft. ____ in. WEIGHT _____ lbs. CITIZEN OF U.S. YES _____ NO _____ SIGNATURE _____ DATE _____

The civil rights act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Some states prohibit discrimination because of age. The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. If this state prohibits the request of any information in this form, this information will not be used to discriminate against possible employment.

We have assigned this form to comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application. Notwithstanding these efforts, the manufacturer of this form does not assume responsibility and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal fair employment practice laws may be based.

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers, or omissions made by me in this questionnaire. I agree to submit to physical examination. I also authorize the companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information.

Signed _____ DATE _____

FOR EMPLOYMENT OFFICE USE ONLY

PPS: S _____ C _____ M _____ P _____