



## EMPLOYMENT APPLICATION

### POSITION INFORMATION

POSITION(S) APPLIED FOR \_\_\_\_\_

SALARY DESIRED \_\_\_\_\_ DATE AVAILABLE FOR WORK \_\_\_\_\_

POSITION INTEREST -- Regular \_\_\_\_\_ Temporary \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

REFERRAL SOURCE -- Advertisement \_\_\_\_\_ Employee Referral \_\_\_\_\_ Search Firm \_\_\_\_\_

Website \_\_\_\_\_ Other (specify) \_\_\_\_\_

### PERSONAL INFORMATION

(PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_

Last

First

Middle Initial

ADDRESS \_\_\_\_\_

Number & Street

City

State

Zip Code

PREVIOUS ADDRESS (If at current less than 3 years) \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Residence

Business

Cell Phone

EMAIL ADDRESS \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRES \_\_\_\_\_

### WORK ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU OF LEGAL AGE TO WORK? YES \_\_\_\_\_ NO \_\_\_\_\_

### MILITARY SERVICE

BRANCH OF U.S. MILITARY SERVICE \_\_\_\_\_

DATES OF ACTIVE SERVICE From \_\_\_\_\_ To \_\_\_\_\_

RANK AT TIME OF ENTRY \_\_\_\_\_

RANK AT TIME OF SEPARATION \_\_\_\_\_

HONORABLE DISCHARGE? Yes \_\_\_\_\_ No \_\_\_\_\_ (This will not impact your employment)

LIST ANY JOB RELATED SKILLS GAINED FROM YOUR MILITARY EXPERIENCE. \_\_\_\_\_

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**EDUCATION****HIGH SCHOOL**

NAME AND ADDRESS \_\_\_\_\_

COURSE OF STUDY \_\_\_\_\_

CIRCLE LAST YEAR COMPLETED      9      10      11      12      DID YOU GRADUATE?      YES      NO

LIST DIPLOMA OR DEGREE \_\_\_\_\_

**COLLEGE / UNIVERSITY**

NAME AND ADDRESS \_\_\_\_\_

COURSE OF STUDY \_\_\_\_\_

CIRCLE LAST YEAR COMPLETED      1      2      3      4      DID YOU GRADUATE?      YES      NO

LIST DIPLOMA OR DEGREE \_\_\_\_\_

**OTHER**

NAME AND ADDRESS \_\_\_\_\_

COURSE OF STUDY \_\_\_\_\_

CIRCLE LAST YEAR COMPLETED      1      2      3      4      DID YOU GRADUATE?      YES      NO

LIST DIPLOMA OR DEGREE \_\_\_\_\_

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS THAT WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING (INCLUDE COURSES, TRAINING, PROFESSIONAL LICENSES, ETC.)?

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**EMPLOYMENT HISTORY** (BEGIN WITH YOUR CURRENT OR MOST RECENT JOB & ACCOUNT FOR ALL TIME IN THE LAST TEN YEARS.)**(1) EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Telephone \_\_\_\_\_

Duties Performed \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary Start \_\_\_\_\_ End \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**(2) EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Telephone \_\_\_\_\_

Duties Performed \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary Start \_\_\_\_\_ End \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**(3) EMPLOYER** \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Supervisor Telephone \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ **Salary** Start \_\_\_\_\_ End \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**(4) EMPLOYER** \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Supervisor Telephone \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Dates Employed From \_\_\_\_\_ To \_\_\_\_\_ **Salary** Start \_\_\_\_\_ End \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT OR MOST RECENT EMPLOYER AT THIS TIME? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE ACCOUNT FOR ALL PERIODS OF **UNEMPLOYMENT** DURING THE LAST TEN YEARS, INCLUDING DATE(S) AND REASON(S). EXCLUDE PERIODS OF UNEMPLOYMENT DUE TO DISABILITY.

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**PROFESSIONAL REFERENCES**

LIST THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, EXCLUDING PREVIOUS EMPLOYERS, WHO ARE FAMILIAR WITH YOUR WORK PERFORMANCE.

**REFERENCE #1**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

**REFERENCE #2**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

**REFERENCE #3**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

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**OTHER SKILLS / ACTIVITIES** (Include below licenses, specialized training, registrations, certification, apprenticeship, special skills)

LIST COMPUTER SOFTWARE / HARDWARE EXPERIENCE \_\_\_\_\_

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FOREIGN LANGUAGE PROFICIENCY \_\_\_\_\_

LIST ANY JOB-RELATED ACTIVITIES AND PROFESSIONAL ORGANIZATIONAL INVOLVEMENT IN THE PAST FIVE YEARS.

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**FAITH INFORMATION**

DENOMINATIONAL PREFERENCE \_\_\_\_\_

YOUR LOCAL CHURCH AFFILIATION \_\_\_\_\_ MEMBER? \_\_\_\_\_

ARE YOU ACTIVE IN YOUR CHURCH? \_\_\_\_\_ IN WHAT CAPACITY? \_\_\_\_\_

ARE YOU WILLING TO WORK HARMONIOUSLY WITH MEMBERS OF OTHER EVANGELICAL DENOMINATIONS?

DO YOU BELIEVE THE BIBLE TO BE THE INSPIRED AND INFALLIBLE WORD OF GOD , OUR FINAL AUTHORITY IN ALL MATTERS OF FAITH, CONDUCT AND TRUTH? \_\_\_\_\_

WHAT IS YOUR OWN CONCEPT OF A CHRISTIAN?

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GIVE A BRIEF ACCOUNT OF YOUR PERSONAL CHRISTIAN EXPERIENCE.

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**STATEMENT OF FAITH**

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN**

**Please read the following and indicate your agreement by checking the "I Accept" box below:**

I certify that the information contained in this application and all other documents provided (e.g., resume, etc.) is true and correct to the best of my knowledge. I fully understand that any misrepresentation, falsification or omission of material information may result in a denial of employment and may be considered as justification for termination if discovered at a later date. I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I also authorize Portland Christian Center to disclose any pertinent information concerning me to others. Further, I release all parties and persons from any liability that may result from furnishing such information to Portland Christian Center as well as, from the use or disclosure of such information by Portland Christian Center.

I understand that if employed, my employment is at will and not for any definite period of time. I further understand and agree that my employment can be terminated with or without cause and with or without advance notice by Portland Christian Center or at my own election at any time. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Portland Christian Center unless made in writing and signed by the Lead Pastor or a designated representative.

In the event that I am hired, as a requirement of any employment with Portland Christian Center I agree to conform to the rules and standards of conduct of Portland Christian Center. I also understand and agree that the terms and conditions of my employment (other than my at-will status) as well as any employee benefits with Portland Christian Center may be changed or discontinued at any time with or without notice.

This application will not be processed until all requested information on this form has been completed, including your signature.

I Accept       I Decline

Signature \_\_\_\_\_ Date \_\_\_\_\_