

Shocco Springs Application For Employment

(PLEASE PRINT)

Be thorough in your written response to all questions and directions. If needed, use an additional sheet of paper, and attach it as part of your application.

Position(s) Applied For	Date of Application
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Give your residence address for the past 10 years.

Last Name	First Name	Middle Name		
Address	City	State	Zip Code	Dates at this Address
Address	City	State	Zip Code	Dates at this Address
Address	City	State	Zip Code	Dates at this Address
Telephone Number(s)	Email Address:			

What church do you attend? _____ Pastor's Name _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If Yes, give date _____

Have you ever been employed with us before? Yes No If Yes, give date _____

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been legally charged with any act or offense and/or convicted of a felony involving moral turpitude? Yes No If Yes, give full details and explanation below*

(Such charge and/or conviction will not necessarily disqualify an applicant from employment.)

**(If needed, use an additional sheet of paper)*

Education

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra -curricular activities.

Employment Experience

List your employment for the past 10 years. If you have worked less than 10 years, go back as many years as possible. Include any job-related military service assignments and volunteer activities. There shall be no discrimination with regard to race, color, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

(If needed, use an additional sheet of paper)

May Shocco Springs Baptist Conference Center, Inc. contact any or all of the employers you have listed above? Yes No

If No, please explain _____

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing, in a reasonable manner, the essential job functions of the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available.

Yes No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of Shocco Springs Baptist Conference Center, Inc.

I shall in writing readily amend this application with additional information about any incident or development which might significantly impact the information contained in this application and/or my employability with Shocco Springs Baptist Conference Center, Inc. and which occurs after my filing this application and/or my having been offered and/or my accepted employment with Shocco Springs Baptist Conference Center, Inc.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and procedures of the employer, as outlined in the *Shocco Springs Baptist Conference Center, Inc. Policy Manual*.

Signature of Applicant

Date

References (Family members not acceptable)

1.	Name_____	Relationship to Applicant_____	
	Occupation_____	Address_____	Phone_____
2.	Name_____	Relationship to Applicant_____	
	Occupation_____	Address_____	Phone_____
3.	Name_____	Relationship to Applicant_____	
	Occupation_____	Address_____	Phone_____

FOR SHOCCO SPRINGS BAPTIST CONFERENCE CENTER, INC. USE ONLY				
Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interview Date_____	Time_____
Remarks	_____ _____			
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date to Begin Work_____	
Job Title	_____	Department	_____	Beginning Hourly Rate/Salary_____
Recommended to Hire By	_____	Date	_____	
Approved By	_____	Date	_____	

NOTES: