



# EMPLOYMENT APPLICATION

Forward to: \_\_\_\_\_

## Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Last First Middle

Previous Name or Alias Used: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City State Zip Years

Previous Address: \_\_\_\_\_ City State Zip Years

Referred By: \_\_\_\_\_ Are you legally eligible for employment in the U.S.?  Yes  No

Are you 18 years of age or older?  Yes  No If under 18 can you furnish a work permit?  Yes  No

Are you born again?  Yes  No  Unsure Are you a registered Member of Bethel Church?  Yes  No

Have you ever plead 'guilty' or 'no contest' to, or been convicted of, a misdemeanor or felony as an adult, or have a trial pending?  Yes  No  
(Please do not list misdemeanor convictions for marijuana-related offenses that are more than two years old and convictions that have been judicially dismissed, expunged or ordered sealed pursuant to law.)

If "Yes," please list convictions that are a matter of public record (arrests are not convictions) A conviction will not necessarily disqualify you for employment.

Personal 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

References: 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Not related or former employer)

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employment Desired

Position(s) Applying For:		Salary Desired:					Date You Can Start:	
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available	FROM:							
	TO:							

Type of Employment Desired:  FT  PT Have you worked for us before?  Yes  No

Would you be available to work overtime if necessary?  Yes  No Position & Dates: \_\_\_\_\_

## Education

Name	City, State	Years Completed	Did You Graduate?	Subjects Studied
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List skills relevant to the position(s) applied for: \_\_\_\_\_

## Church Information

Do you attend church regularly now?  Yes  No Church Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City State Zip Years Attended

Who in church leadership knows you best? \_\_\_\_\_ Have you been baptized in the Holy Spirit?  Yes  No

Have you had any Christian ministry training?  Yes  No Please describe: \_\_\_\_\_

Why do you want to work at Bethel? \_\_\_\_\_

In what areas of Church life have you served in? \_\_\_\_\_

What giftings or strengths do you believe God has given you? \_\_\_\_\_

