

APPLICATION FOR EMPLOYMENT

crosswinds *wesleyanchurch*

APPLICANT INFORMATION

Name				Date	
Address				Apt #	
City		State		ZIP	
Home Phone			E-mail		
Cell Phone			Date Available	Desired Wage	\$
Position(s) Applying For:				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time	
Referred By (person's name, bulletin, web site, etc.)					
Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, can you provide a work permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are you a member of CWC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how long?		
If not, are you a regular attendee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how long?		
Are you currently serving at CWC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?		

EDUCATION (LIST LAST THREE SCHOOLS ATTENDED)

School				Major				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
School				Major				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
School				Major				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES (LIST THREE INDIVIDUALS NOT RELATED TO YOU)

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address		City, State, Zip	
Full Name		Relationship	
Company		Phone	
Address		City, State, Zip	
Full Name		Relationship	
Company		Phone	
Address		City, State, Zip	

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EMPLOYMENT HISTORY (BEGIN WITH THE CURRENT OR MOST RECENT EMPLOYER)

Employer				Phone		
Address				Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From		To		Reason for Leaving		
May we contact for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Employer				Phone		
Address				Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From		To		Reason for Leaving		
May we contact for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Employer				Phone		
Address				Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From		To		Reason for Leaving		
May we contact for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Employer				Phone		
Address				Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From		To		Reason for Leaving		
May we contact for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

ADDITIONAL INFORMATION

Please write a brief description of your interest in the position, and the skills, abilities, education, experiences, training, licenses and/or certificates that may qualify you for the position for which you are applying.

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COMPUTER SKILLS IF APPLICABLE

Please mark the appropriate box to indicate how proficient you are with each of the following software packages.

	Advanced	Intermediate	Basic	None
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macintosh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QuickBooks Pro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list below):				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT STATEMENT

I certify that the information I have submitted above together with that contained in any accompanying documents by is accurate and complete and may be relied upon for the purpose of evaluating my suitability to be employed by CWC. I authorize any reference listed in my application or my resume (including addendums thereto), as well as former employers, to release any information they may have regarding my character, my fitness for the job for which I am applying and my employment history. I release all such references from liability for any damage that may result from furnishing such evaluations, and I waive any right that I may have to inspect references provided on my behalf. A photocopy of this release shall be as valid as the original.

Signature (If submitting electronically, please type your name here)		Date	
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