McKinley Memorial Presbyterian Church and Student Foundation

**APPLICATION FOR EMPLOYMENT**

*An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

**PERSONAL INFORMATION**

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_Yes \_\_\_No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) \_\_\_Yes \_\_\_No

Have you ever been terminated from employment or asked to resign by an employer? \_\_\_Yes \_\_\_No

If yes, please provide company names and details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you work any shift? \_\_\_Yes \_\_\_No

Can you work overtime, including weekends? \_\_\_Yes \_\_\_No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_Yes \_\_\_No

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? \_\_\_Yes \_\_\_No

If yes, may we inquire of your present employer? \_\_\_Yes \_\_\_No

**REFERRAL SOURCE**

How did you hear about us? Walk In / Advertisement / Referral / Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked for this company before? \_\_\_Yes \_\_\_No

Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know anyone who works for our company? \_\_\_Yes \_\_\_No

If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | **Name and location of school** | **No. of yrs. Attended** | **Degree Received** | **Subjects studied/Major** |
| High School |  |  |  |  |
| College or University |  |  |  |  |
| Trade, Business or Correspondence School |  |  |  |  |

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Employer Name | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | | |
| From | To | Employer Name | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | | |
| From | To | Employer Name | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | | |
| From | To | Employer Name | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | | |

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Computer Skills (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Address | Phone | Email | Company | Years Acquainted |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

Please read carefully before signing.

The McKinley Memorial Presbyterian Church and Student Foundation (“McKinley”) is an equal opportunity employer. McKinley does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for McKinley to hire me. If I am hired, I understand that either McKinley or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of McKinley has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to McKinley true and complete information on this application. No requested information has been concealed. I authorize McKinley to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.