

Employment Application Last Name, First Initial: **Personal Information** Name (Last, First, MI) Street address City, State, Zip Home phone number Cell phone number E-mail address Upon hire, you will be required to verify your legal right to work in the United States. **Employment Desired** Position applied for How did you hear about this position? Date available for work Desired hours (full time, part time, etc.) **Education** Name and Address of **Total Years** Course of Degree/ School Study of Study Diploma High Today's Date: School Undergraduate College Graduate/ Professional Other (Specify) List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):



List below your past three employers, starting with your most recent employer.	Please include
any employment you believe is relevant to the position to which you are applying	g. You must
complete this section even if attaching a resume.	

May we contact your current employer?

YES

NO

Employer (current ☐ Yes ☐ No)		Start	End	Essential job functions of
		Date	Date	final position
Address				
				1.
City, State, Zip		Starting	Ending	
		Salary	Salary	2.
Phone number				
				3.
Fax number	Supervisor	r(s)		
			4.	
Job position(s)	E-mail add	dress of sup	ervisor	
Reason(s) for leaving				
What value did you add to this	s Organization	or its cust	omers?	

Employer		Start	End	Essential job functions of
- •		Date	Date	final position
Address				•
				1.
City, State, Zip		Starting	Ending	
•		Salary	Salary	2.
Phone number				
				3.
Fax number	Supervisor	r(s)		
	1			4.
Job position(s)	E-mail add	dress of sup	ervisor	
Reason(s) for leaving	•			
What value did you add to this	Organization	or its cust	omers?	

2.



Employment History

5.	Employer		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	r(s)		4.	
	Job position(s)	E-mail add	dress of sup	ervisor	
	Reason(s) for leaving				I
	What value did you add to this	Organization	n or its cust	omers?	
ı.	Employer		Start Date	End Date	Essential job functions of final position
ı.	Employer Address				
l.					final position
l.	Address		Date Starting	Date Ending	final position 1.
l.	Address City, State, Zip	Supervisor	Date Starting Salary	Date Ending	final position 1. 2.
1.	Address City, State, Zip Phone number	-	Date Starting Salary	Date Ending Salary	final position 1. 2. 3.
1.	Address City, State, Zip Phone number Fax number	-	Date Starting Salary r(s)	Date Ending Salary	final position 1. 2. 3.
l.	Address City, State, Zip Phone number Fax number Job position(s)	E-mail add	Starting Salary r(s) dress of sup	Ending Salary ervisor	final position 1. 2. 3.
ı.	Address City, State, Zip Phone number Fax number Job position(s) Reason(s) for leaving	E-mail add	Starting Salary r(s) dress of sup	Ending Salary ervisor	final position 1. 2. 3.



Employment History

•	Employer		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number		-		3.
	Fax number	Supervisor	r		4.
	Job position(s)	E-mail add	dress of sup	ervisor	
	Reason(s) for leaving				
	What value did you add to this	Organization	n or its cust	omers?	
ó.	Employer		Start Date	End Date	Essential job functions of final position
ó.	Employer Address				
ó.	- 1				final position
ó.	Address		Date Starting	Date Ending	final position 1.
ó.	Address City, State, Zip	Supervisor	Date Starting Salary	Date Ending	final position 1. 2.
ó.	Address City, State, Zip Phone number		Date Starting Salary	Date Ending Salary	final position 1. 2. 3.
ó.	Address City, State, Zip Phone number Fax number		Starting Salary	Date Ending Salary	1. 2. 3.
ó.	Address City, State, Zip Phone number Fax number Job position(s)	E-mail add	Starting Salary	Ending Salary ervisor	final position 1. 2. 3.
ó.	Address City, State, Zip Phone number Fax number Job position(s) Reason(s) for leaving	E-mail add	Starting Salary	Ending Salary ervisor	final position 1. 2. 3.



Employment A	ppli	cation		
Additional Information				
List any professional, tr	•ade			
business or civic activit				
and offices held.				
List any languages othe the position applied for	r than F	English that you c	an speak, read or write t	hat could be of benefit to
11		Fluent	Good	Fair
Speak				
Read				
Write				
Identify formal job train	ning			
that relates to this positi	ion:			
Identify what skills or				
certification you posses related to this position:	S			
related to this position.				
If you are hired, what v	alue			
would you add to our				
organization?				
Describe what you belie	eve			
are the most unique feat				
of your work history:				



Employment Application		
Additional Information		
Have you ever been employed with ABWE before? If Yes, when?	□ Yes	□ No
Do you have any friends or relatives employed by this organization? If Yes, please provide their names and relationship to you:	□ Yes	□ No
Are you legally authorized to work in the United States?	□ Yes	□ No
If you are under 18 years of age, can you provide proof of your eligibility to work?	□ Yes	□ No
Have you ever been accused, pled guilty or convicted of a felony, misdemeanors, or other criminal offense, except for (1) minor traffic violations and (2) convictions or guilty pleas which have now been sealed, expunged, or impounded by the court? If Yes, explain:	☐ Yes	□ No
Have you ever participated in, been accused or convicted of, or pled guilty or no contest to any abuse or sexual misconduct?	□ Yes	□ No
Are you currently on "lay off" status and subject to recall?	□ Yes	□ No
If hired, do you have a reliable means of transportation to and from work?	□ Yes	□ No



NTERNATIONAL	Association of Baptists for World Evangelism PO Box 8585	Harrisburg, PA 17	105-8585
f hired, would yo	u be able to travel or work overtime as needed?	☐ Yes	□ No



Employment Ap	plication	
References		
List below three persons i	not related to you who have	knowledge of your work performance and
character within the last 5	years	
Name		Occupation
Organization name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Organization name	Address	1
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Organization name	Address	
Telephone	E-mail	Relationship & years acquainted
Church Information		
Name of Church:		
Denomination/ Association	on Name:	
Address:		
Phone:		
Church Website:		
Name of Pastor:		
Describe your church atte	ndance:	



Personal Testimony and Church Involvement
Please provide a statement that provides your salvation experience and your Christian service involvement in your church. (Should have been turned in with resume/cover letter).



Please **read** and **initial** each statement.

Equal Employment Opportunity Statement ABWE is committed to the principles of equal employment opportunity and is committed to make employment decisions based on qualifications. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. ABWE desires to maintain a work environment that is free of sexual harassment and discrimination due to race, gender, color, national origin, physical or mental disability, or age. **ABWE Doctrinal Statement** ABWE requires all who work at the organization to have a personal relationship with Jesus Christ as Lord and Savior. Those employed at ABWE are expected to personally agree to the ABWE Doctrinal Statement and ABWE Core Values and attend a local church that is in substantial agreement with the ABWE Doctrinal Statement. **Discrimination and Sexual Harassment Policy Statement** ABWE will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment includes but is not limited to: unwanted physical advances; demands for sexual favors in exchange for favorable treatment or continued employment; repeated sexual jokes; flirtation, advances, or propositions; verbal abuse of a sexual nature; graphic, verbal commentary about an individual's body, sexual prowess or sexual deficiencies; leering, whistling, touching, or inching; suggestive insulting or obscene comments or gestures of a sexual nature; and display in the work place of sexuallysuggestive objects or pictures.

Disclosure to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with ABWE, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by ABWE. Neither the collector of specimens nor the medical professional who reviews the test results will be an Organization employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Date



A & Will Employment
At-Will Employment I understand and agree that if I am employed, my employment will be "at-will", which means that
ABWE may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, ABWE will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on ABWE unless made in writing and signed by the ABWE's president.
Testing Authorization
 If offered a position with ABWE, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by ABWE as a condition of employment.
Background Check Notice
 I understand that I will be required to submit to a background check as a condition of my employment. I will execute any authorization necessary for the completion of this check. ABWE will not search information or use this background check in a manner which is prohibited by federal, state, or local law.
ABWE Obligation
I understand and agree that the ABWE's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that ABWE has agreed to hire me. I understand that ABWE is under no obligation to hire me as the result of accepting this completed application.
BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ ALL OF THE ABOVE STATEMENTS AND GRANT ANY ABOVE AUTHORIZATION.

Signature



For HR Department Use Only

To The Department ese only		
INTERVIEW CHECKLIST		
1.	Application reviewed on	by
2.	Denial e-mail sent	
3.	Interview e-mail sent	
4.	Interview scheduled for	•
ADDITIONAL NOTES:		