

Employment Application

Personal Information					Last Name, First Initial:
Name (Last, First, MI)					
Street address					
City, State, Zip					
Home phone number		Work phone number			
Facsimile number		E-mail address			
Social security number		Driver's license number/state/expiration			
Upon hire, you will be required to verify your legal right to work in the United States. <i>(if job involves any driving)</i>					
Employment Desired					
Position applied for					
How did you hear about this position?					
Date available for work		Desired hours (full time, part time, etc.)			
Education					Today's Date:
	Name and Address of School	Course of Study	Total Years of Study	Degree/Diploma	
High 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):					
.....					
.....					

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Employment History

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. You must complete this section even if attaching a resume.

May we contact your current employer? YES NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		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(s)			4.
	Job position(s)		E-mail address of supervisor		
	Reason(s) for leaving				
	What value did you add to this Organization or its customers?				
2.	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(s)			4.
	Job position(s)		E-mail address of supervisor		
	Reason(s) for leaving				
	What value did you add to this Organization or its customers?				

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Employment History

3.	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(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this Organization or its customers?				
4.	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(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this Organization or its customers?				

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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	Supervisor		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this Organization or its customers?				
6.	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		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this Organization or its customers?				

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Additional Information

List any professional, trade, business or civic activities and offices held.

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

Identify what skills or certification you possess related to this position:

If you are hired, what value would you add to our organization?:

Describe what you believe are the most unique features of your work history:

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Additional Information

Have you ever been employed with ABWE before? Yes No
If Yes, when? | _____

Do you have any friends or relatives employed by this organization? Yes No
If Yes, please provide their names and relationship to you: | _____
| _____
| _____

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 convicted of a felony? Yes No
If Yes, explain: | _____
| _____
| _____
| _____
| _____
| _____
| _____
| _____
| _____
| _____

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

If hired, would you be able to travel or work overtime as needed? Yes No

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References

List below three persons 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	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Organization name	Address	
Telephone	E-mail	Relationship & years acquainted

Church Information

Name of Church:
Denomination/ Association Name:
Address:
Phone:
Church Website:
Name of Pastor:
Describe your church attendance:

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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 sexually-suggestive 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.

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

Date

