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| **Summit Christian Academy – Lexington, KY**  **Employment Application** | | |
| Personal Information | | |
| First Name: | Middle Name: | Last Name: |
| Social Security Number: |  |  |
| Street Address: | City: | State: Zip: |
| Home Phone: | Cell Phone: |  |
| Are you eligible to work in the United States? Yes No  You will be required to show proof of eligibility upon employment. | | |
| Position Information | | |
| Available Start Date: | Job Status Availability: Full-Time Part-Time | |
| Have you ever worked for First Assembly of God? Yes No If yes, when? | | |
| Have you ever applied for a job at First Assembly of God? Yes No If yes, when? | | |
| Have you ever been convicted of a crime? Yes No  If yes, please explain? | | |
| Work History – Starting with most recent employer. | | |
| Employer: | Address: | Phone Number: |
| Supervisor’s Name: | May we contact? Yes No | |
| Start Date:  End Date: | Starting Salary:  Ending Salary | |
| Describe job responsibilities: | | |
| Reason for leaving: | | |
| Employer #2 | | |
| Employer: | Address: | Phone Number: |
| Supervisor’s Name: | May we contact? Yes No | |
| Start Date:  End Date: | Starting Salary:  Ending Salary | |
| Describe job responsibilities: | | |
| Reason for leaving: | | |
| Employer #3 | | |
| Employer: | Address: | Phone Number: |
| Supervisor’s Name: | May we contact? Yes No |  |
| Start Date:  End Date: | Starting Salary:  Ending Salary | |
| Describe job responsibilities: | | |
| Reason for leaving: | | |
| Education | | |
| High School: | Address | City State Zip |
| Did you graduate? Yes No | | Diploma/Major |
| Technical/Trade School Name: | Address | City State Zip |
| Did you graduate? Yes No | | Diploma/Major |
| College Name: | Address | City State Zip |
| Did you graduate? Yes No | | Diploma/Major |
| Graduate School: | Address | City State Zip |
| Did you graduate? Yes No | | Diploma/Major |
| **Personal References: (no relatives or former employers)** | | |
| Name: | Occupation: | Relationship: |
| Address: | Phone Number: | Years Known: |
| Name: | Occupation: | Relationship: |
| Address: | Phone Number: | Years Known: |
| Name: | Occupation: | Relationship: |
| Address: | Phone Number: | Years Known: |
| I certify that I have answered these questions to the best of my knowledge and understand that any false information on this application may be grounds for termination.  I authorize First Assembly of God to contact references and former employers to verify the information I have provided. I also release all parties from any liability that may result from providing this information. | | |
| Printed Name: | Signature: | Date: |