



Today's Date

# Employment Application

**Notice to applicants:** Federal and state law requires that all applicants be considered without regard to race, color, sex, age or national origin. We believe in and fully support the principle of equal employment opportunity and will fulfill our obligation to the fullest.

PERSONAL INFORMATION							
Last Name		First Name			Middle Initial		Jr./Sr.
Home Phone				Email			
Present Address			City		State		Zip
Position Applied For							Work Schedule Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
If Part Time, Specify Hours Desired by Day:		Sun	Mon	Tues	Wed	Thurs	Fri
							Sat
Rate of Pay Expected				How Did You Hear About This Opening?			
Have You Worked With Us Before?		If Yes, When/How Long?			Previous Job Title		
<input type="checkbox"/> No <input type="checkbox"/> Yes							
Reason For Leaving				List Any Friends/Relatives Working With Us Now			
List Any Special Skills You Have for Positions Applied for Above							

EMPLOYMENT INFORMATION (Please list your three most recent employers.)							
Employer Name		Employer Phone			Years of Service Yrs. Mos.		Occupation
Business Address				City		State	
Salary	Starting Wage	Ending Wage		Reason For Leaving			
Previous Employer Name		Employer Phone			Years of Service Yrs. Mos.		Occupation
Business Address				City		State	
Salary	Starting Wage	Ending Wage		Reason For Leaving			
Employer Name		Employer Phone			Years of Service Yrs. Mos.		Occupation
Business Address				City		State	
Salary	Starting Wage	Ending Wage		Reason For Leaving			
May we contact the employer at the phone numbers given? <input type="checkbox"/> No <input type="checkbox"/> Yes							

PERSONAL REFERENCES		
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

**EDUCATION**

High School/College	Total Years Attended Yrs.      Mos.	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes	Major/Minor
High School/College	Total Years Attended Yrs.      Mos.	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes	Major/Minor
High School/College	Total Years Attended Yrs.      Mos.	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes	Major/Minor
High School/College	Total Years Attended Yrs.      Mos.	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes	Major/Minor

**SPECIALIZED TRAINING**

Explain any specialized training or additional experience, including military training (for the field of application).

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**HOBBIES, SPORTS, ETC.**

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**CONVERSION EXPERIENCE** (Explain your salvation and baptism experience.)

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## *Authorization* For Release Form

I certify that the information contained in my employment application is true and correct to the best of my knowledge, and I understand that false or incorrect information on my application is grounds for disqualification from further consideration or for dismissal from employment. Further, I hereby authorize my former employer(s), reference(s), and any other individual or organization to provide information solicited by the company, regarding my personal character, past employment habits, credit, background and criminal record history, and hereby release and discharge each of the above including the company, from any liability of any kind or nature.

**I authorize without reservation, any person, agency, or other entity contacted by Terri Savelle Foy Ministries, or their agents, to furnish the above mentioned information.**

I release Terri Savelle Foy Ministries, their respective employees and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

BACKGROUND INFORMATION			
Last Name	First Name		Date of Birth
City of Birth		County	State
AKA or Maiden Name		Social Security Number	
Other Names You Have Gone By		Other Social Security Numbers You Have Had	
Present Address		City	State
County	Years at this Address Yrs.    Mos.		
Previous Address		City	State
County	Years at this Address Yrs.    Mos.		
Have you ever been accused and/or convicted of a crime in the past 10 years (excluding traffic violations)? If yes, please list: <input type="checkbox"/> No <input type="checkbox"/> Yes			

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date