APPLICATION FOR EMPLOYMENT Minister Advent Christian Church 200 LaValle Street, PO Box 198 LaValle, Wisconsin 53941 608-985-8755

Please answer all questions as completely as possible. Include a resume with this application.

PERSONAL INFORMATION

		DATE		
NAMELast				_
	First	Middle		
Street	5	State/Zip		
ALTERNATE PHONE NUMBER		BEST TIME TO CALL:	AM PN	1
EMPLOYMENT DESIRED				
POSITION APPLYING FOR				_
SALARY REQUIREMENT				
DATE AVAILABLE TO START				
Are you legally eligible for employment (Proof of U.S. citizenship or Immigration status wi	in the United States? Il be required upon employ	YesNo		
Have you been convicted of a felony wit (If you have been convicted it does not automatical	hin the last 7 years? lly mean you will not be hi	YesNo red. What you were convicted of and	how long ago,	are important.)
If yes, please state all pertinent informatic conviction:			e and nature	e of
Have you ever been known by any other information contained in this application		Advent Christian Church will r		

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

EDUCATION AND TRAINING

Circle highest grade completed:	12345678	9 10 11 12	1234	1234
	Grade School	High School	College	Graduate School

List all schools attended: high school, technical/vocational, college, business, military, etc. Use another sheet if necessary.

	Did you	Certification or	Major/Minor
School	Graduate?	Degree Received	Subjects
Name Address	Yes No		

SPECIALIZED TRAINING SKILLS

List all current licenses and/or areas of certification (if not listed above):

List all office equipment and computer programs/applications that you operate proficiently:

List any other training, skills, aptitudes and qualifications that you feel are relevant to the type of employment you are seeking as Minister

EMPLOYMENT RECORD

List your current or most recent employer first and indicate a continuous record of employment for the last five employers or from the time you left school. (Please add a supplementary sheet if additional space is required.)

**If currently employed, may your employer be contacted at this time for a reference? Yes___No___

Date Month and Year	Name and address of employer	Position	Reason for Leaving
From: To:	Employer: Address:		
	Phone No.: Supervisor: Job Title and duties:		
From: To:	Employer: Address:		
	Phone No.: Supervisor: Job Title and duties:		
From: To:	Employer: Address:		
	Phone No.: Supervisor: Job Title and duties:		
From: To:	Employer: Address:		
	Phone No.: Supervisor: Job Title and duties:		
From: To:	Employer: Address:		
	Phone No.: Supervisor: Job Title and duties:		

REFERENCES

GIVE THE NAMES OF THREE PERSONS, TWO OF WHOM ARE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS & Phone	BUSINESS	YEARS ACQUAINTED

READ CAREFULLY BEFORE SIGNING

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the Advent Christian Church of LaValle.

I agree that if I am employed by the Advent Christian Church of LaValle, my employment may be terminated at any time without liability except such wages as may have been earned at the date of such termination. I further understand and acknowledge that this is an application for employment, that no employment contract is being offered and that if I am employed such employment is for an indefinite period of time and that the Church can change wages, benefits and conditions at any time.

I understand and agree that the Advent Christian Church of LaValle may verify all information furnished in this application. I also understand that any employment is subject to a satisfactory check of references and a Police Department background check. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Church all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and the Church from any liability for any claim or damage which may result.

Signature

Date

Return application and resume to Becky Blinston at Email bblinston@mwt.net