

HR # \_\_\_\_\_



**Christ Episcopal Church**  
321 West Avenue  
Red Wing, MN 55066  
www.christchurchredwing.com

**Date:** \_\_\_\_\_  
**Property:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE (Maiden or Other)

E-MAIL ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME TELEPHONE: ( ) \_\_\_\_\_ ALTERNATE TELEPHONE: ( ) \_\_\_\_\_

ADDITIONAL CONTACT INFORMATION: \_\_\_\_\_

POSITION(S) applying for:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Full Time (35+ hrs)  Part Time (20-34.9 hrs)  Temporary  Seasonal  Other: \_\_\_\_\_

**Please list the days/hours you are available to work:**

	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							

**Can you work:** (check all that apply)

Days  Nights / Evenings  Weekends  Holidays  Overtime  Split shift  Other: \_\_\_\_\_

Have you ever *APPLIED* for employment at Christ Episcopal Church?  YES  NO

If YES, which property: \_\_\_\_\_

Have you previously *WORKED* for any Episcopal Church or other religious organizations?  YES  NO

If YES, which property: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Do you possess a current Boiler License?  YES  NO

If YES, provide Permit #and expiration date and type? \_\_\_\_\_

Do you have any relatives that currently work at Christ Episcopal Church?  YES  NO

If YES, provide name(s) :

Are you 18 or over?  YES  NO If NO, Can you furnish a work permit?  YES  NO

Are you 21 or over?  YES  NO

Have you ever been CONVICTED of a felony?  YES  NO

If YES, please explain: \_\_\_\_\_

Are you LEGALLY ALLOWED to work in the U.S.?  YES  NO

If hired, Federal Law requires documentation verifying your identity and legal authorization to work in the U.S.

## EMPLOYMENT HISTORY

Please list your most RECENT employment FIRST – DO NOT WRITE “SEE RESUME”

(1) COMPANY NAME:		MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET/CITY/STATE/ZIP:		PHONE:	
SUPERVISOR'S NAME:		SUPERVISOR'S JOB TITLE:	
YOUR POSITION:		START DATE:	END DATE:
PRIMARY DUTIES:			
WERE YOU EVER DISCIPLINED, WARNED, OR COUNSELED ABOUT JOB PERFORMANCE, ABSENTEEISM, TARDINESS OR POLICY VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:			
REASON FOR LEAVING: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Other:		STARTING SALARY:	ENDING SALARY:

(2) COMPANY NAME:		MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET/CITY/STATE/ZIP:		PHONE:	
SUPERVISOR'S NAME:		SUPERVISOR'S JOB TITLE:	
YOUR POSITION:		START DATE:	END DATE:
PRIMARY DUTIES:			
WERE YOU EVER DISCIPLINED, WARNED, OR COUNSELED ABOUT JOB PERFORMANCE, ABSENTEEISM, TARDINESS OR POLICY VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:			
REASON FOR LEAVING: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Other:		STARTING SALARY:	ENDING SALARY:

(3) COMPANY NAME:		MAY WE CONTACT AS A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET/CITY/STATE/ZIP:		PHONE:	
SUPERVISOR'S NAME:		SUPERVISOR'S JOB TITLE:	
YOUR POSITION:		START DATE:	END DATE:
PRIMARY DUTIES:			
WERE YOU EVER DISCIPLINED, WARNED, OR COUNSELED ABOUT JOB PERFORMANCE, ABSENTEEISM, TARDINESS OR POLICY VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:			
REASON FOR LEAVING: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Other:		STARTING SALARY:	ENDING SALARY:

**Please explain briefly any gaps in employment that are (4) four weeks duration or more.**

FROM	TO	Explanations of Unemployment (If you need additional space, use a separate sheet.)

## EXPERIENCE/SKILLS

Please check any skill/experience you possess and indicate the number of years:

Skill	Yrs	Skill	Yrs	Skill	Yrs	Skill	Yrs
<input type="checkbox"/> Accounting		<input type="checkbox"/> A/C Refrigeration		<input type="checkbox"/> Microsoft Word WPM:		<input type="checkbox"/> Grounds Keeping	
<input type="checkbox"/> Waitress /Server		<input type="checkbox"/> Painting / Carpentry		<input type="checkbox"/> Microsoft Excel		<input type="checkbox"/> Warehouse Work	
<input type="checkbox"/> Cook / Food Preparation		<input type="checkbox"/> Electrical		<input type="checkbox"/> Microsoft Access		<input type="checkbox"/> Seamstress / Tailor	
<input type="checkbox"/> Customer Service		<input type="checkbox"/> Mechanical		<input type="checkbox"/> Data Entry SPM:		<input type="checkbox"/> Valid Drivers License	
<input type="checkbox"/> Foreign Language: <input type="checkbox"/> Written <input type="checkbox"/> Spoken		<input type="checkbox"/> Plumbing		<input type="checkbox"/> Cash Register / Money Handling		<input type="checkbox"/> Valid CDL Class A / B / C	
<input type="checkbox"/> Computer		<input type="checkbox"/> Security		<input type="checkbox"/> CPR/ First Aid Training		<input type="checkbox"/> Other:	

## EDUCATION

EDUCATION	NAME/LOCATION	MAJOR / COURSES	LAST YEAR COMPLETED	GRADUATED?	DEGREE
HIGH SCHOOL			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRAD SCHOOL			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## OTHER INFORMATION

List any other schooling or training, including training received in the armed forces, which may relate to the type of job you are seeking. Please include any job related certificates or licenses you hold or any other job related equipment you operate.

1.
2.
3.

List any professional, trade, business or civic associations (*you may exclude membership(s) which would reveal gender, race, religion, national origin, age, disability, or other protected status*) or list any additional information you would like us to know.

1.
2.
3.

### LIST 3 BUSINESS OR EDUCATION REFERENCES:

	<u>NAME</u>	<u>TITLE</u>	<u>PHONE</u>	<u>YRS KNOWN</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Wage/ Salary Requirements:** \_\_\_\_\_ **Date Available to Start:** \_\_\_\_\_

**Christ Episcopal Church** is an Equal opportunity employer and its subsidiaries does not discriminate on the basis of race, religion, age, gender, national origin or disability.

**POST-OFFER, PRE-EMPLOYMENT BACKGROUND CHECKS AND DRUG TESTING REQUIRED FOR EMPLOYMENT**

**INCOMPLETE APPLICATIONS FOR EMPLOYMENT WILL NOT BE CONSIDERED**

**APPLICATIONS FOR POSITIONS THAT ARE NOT AVAILABLE AT THE TIME YOU APPLY  
WILL NOT BE CONSIDERED**

**NOTICE:** TITLE 15 OF THE U.S. CODE, SECTION 1681 AND FOLLOWING, REQUIRE THAT WE ADVISE YOU THAT ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE APPROPRIATE INFORMATION REGARDING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

I UNDERSTAND THAT THIS APPLICATION WILL BE ACCEPTED BY THE COMPANY SUBJECT TO THE FOLLOWING CONDITIONS:

- 1) I voluntarily give the Employer the right to conduct a complete background investigation and agree to cooperate in such investigation. I authorize schools, references, prior employers and physicians and other medical practitioners to provide my records, reasons for leaving employment and any other information concerning me to the Company. I release such parties from all liability for claims for damages, which I may or shall have against them for supplying such information.
- 2) I consent to take a post-offer drug test. An offer of employment may be contingent upon passing a post-offer drug test. A provider selected and paid for by the Company will conduct the drug test at the Company's expense.
- 3) If employed, I agree to comply with all company rules and to wear uniforms and/or costumes or use protective clothing or equipment as required by the Employer.
- 4) I further understand that any misrepresentation or omission of requested information by me on this application or any supplement thereto, or in connection with the above-mentioned investigation, will be sufficient grounds for immediate discharge, even if discovered after I am employed. I further understand that causing others to misrepresent information on my behalf in relation to the investigation shall also be grounds for dismissal.
- 5) I hereby agree that, if employed, I will not divulge any information confidential to this company or any of its subsidiaries or affiliates while employed or at anytime thereafter.
- 6) Unless my employment is subject to a collective bargaining agreement or separate contract, I agree that, if employed, I will be an employee at will. Accordingly, either the Company or I may terminate the employment relationship at any time, for any reason, or no reason.
- 7) I understand that any offer of employment is contingent upon my ability to qualify for a State Racing, Lottery, and/or Gaming licenses. Receipt of these licenses is a requirement for continued employment.
- 8) I understand and agree that I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States, within the time frame specified by the Company, to meet the Immigration Reform and Control Act of 1986 requirements. If I fail to comply with any of the requirements set forth above, I understand that an offer of employment will be rescinded or my employment will be terminated.

**How were you referred? (check all that apply)**

- Newspaper:** \_\_\_\_\_  **School:** \_\_\_\_\_  **Agency:** \_\_\_\_\_  
 **Website:** \_\_\_\_\_  **Job Fair**  **Walk- in**  
 **Relative/Friend:** \_\_\_\_\_  **Other:** \_\_\_\_\_

By responding to this application, I accept the terms and conditions of this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Today's Date**

*\* This application will remain on file for one year.*

Revised 12/14/2005