

# Wesley Foundation <a href="#">Administrator</a> Employment Application

## APPLICANT INFORMATION

Name (Last)	(First)		(Middle)	Date		
Address		City	State	ZIP Code		
Telephone	Cell Phone		E-Mail Address			
Do you currently attend chu	rch on a regular basis? Yes	No	Church Name			
Church Phone	Name o	f Pastor				
Please submit resume with application.						
Date Available to Begin						
If hired, can you provide evidence that you are authorized <b>and</b> of legal age to work in the United States? Yes No						
In Case of Emergency Notif	ỳ		Telephone			
ame of Nearest RelativeTelephone						
EDUCATION						
TYPE	SCHOOL NAME/ LOCATION		COURSE OF STUL	OY NO. YEARS ATTENDED	DEGREE/ DIPLOMA	
HIGH SCHOOL			XXXXXXXXXXXX	XX		
BUSINESS/TECHNICAL						
COLLEGE						
GRADUATE						
OTHER						
EMPLOYERS (List all jobs and contracts held by you during the past five continuous years.)  CURRENT EMPLOYER  Company Name						
Company Ivame			1 elepi			
Address	(	City	State	ZIP Co	de	
Position Held	From	To	Starting/End	ing Salary		
Reason for Leaving			Supervisor			

Relationship

### PREVIOUS EMPLOYER Company Name\_\_\_\_\_ Telephone City State ZIP Code Address Position Held From To Starting/Ending Salary Reason for Leaving Supervisor PREVIOUS EMPLOYER Company Name\_\_\_\_ \_\_\_\_\_Telephone\_\_\_\_\_ City\_\_\_\_State\_\_\_ZIP Code\_\_\_\_ Address\_\_\_\_ Position Held\_\_\_\_\_\_From\_\_\_\_To\_\_\_\_Starting/Ending Salary\_\_\_\_\_ Reason for Leaving Supervisor\_ PREVIOUS EMPLOYER Company Name\_\_\_\_ \_\_\_\_Telephone\_\_\_\_\_\_ Address City State ZIP Code Position Held\_\_\_\_\_\_From\_\_\_\_\_To\_\_\_\_Starting/Ending Salary\_\_\_\_\_ \_\_\_\_Supervisor\_\_\_\_ Reason for Leaving **MILITARY STATUS** Have You Served in the U.S. Armed Services?\_\_\_\_\_Yes \_\_\_\_\_ No Branch Start Date End Date Rank/Rate at Discharge\_\_\_\_\_Type of Service\_\_\_\_\_Type of Discharge\_\_\_\_ Special Training/Experience Received in the U.S. Armed Services Draft Status Reserve Status **CRIMINAL HISTORY** Have you ever been *convicted* of a criminal offense? Check One: \_\_\_\_\_Yes \_\_\_\_\_No Do you currently have any criminal actions pending in which you are the Defendant? Check One: \_\_\_\_\_Yes \_\_\_\_\_\_No Are you currently on probation or parole? Check One: \_\_\_\_Yes \_\_\_\_\_No If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred. PROFESSIONAL OR PERSONAL REFERENCES: Phone Occupation Name Address Relationship Address Phone Occupation Name Relationship

#### 2

Phone

Occupation

Address

Name

#### APPLICANT STATEMENT

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that this employment application does not constitute an offer for employment and is not valid without my signature.

I authorize the Wesley Foundation to obtain information from references, employers and churches listed above. I also authorize any references, churches, or other organizations or employers listed in this application to give any information, including opinions, that they may have regarding my character and fitness for the job for which I am applying. I waive the right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I have carefully read the foregoing release and know the contents. I sign this release as my own free act. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the Wesley Foundation. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time. If I choose to give proper notice of termination, the Wesley Foundation may either permit me to continue my employment during all or part of the notice period or may accept my resignation immediately.

I understand that, in the event that I am employed by the Wesley Foundation, my compensation, hours of service and all other term and conditions of employment are subject to modification or change by the Wesley Foundation at its discretion.

I authorize the Wesley Foundation to supply my employment record, in whole or in part, and in confidence, to any

prospective or future employer, governmental agency, or other	r party, with a legal and proper interest therein.
Signature of Applicant	Date
Printed Name of Applicant	