

Application for Employment

Coram Deo Bible Church is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any qualified applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. This application is not intended to and does not create a contract or offer of employment, if hired; employment with Coram Deo Bible Church would be on an at-will basis and could be terminated at the will of either party. **Mac Users: Please use Adobe Reader to open this fillable PDF to avoid program compatibility issues.**

Full Name:	Date of Application:	
Position(s) applied for or type of work desired:		
Address:		
Email Address:	Phone #:	
Type of employment desired: \Box full-time \Box part-time \Box	temporary	
Date you will be available to start work:		
What days are you available to work?		
Can you work weekends, holidays, and/or overtime, if necessary? Can you travel, if required by this position? Can you submit proof of legal employment authorization and identity? If you are under 16, can you furnish a work permit if it is required? Have you ever been previously employed by our organization? Have you ever been convicted of a crime in the last 7 years? If yes, please explain (a conviction will not automatically disqualify an app		 No No No No No No iired):
Have you been convicted of a crime against a minor? If yes, please explain (a conviction will not automatically disqualify an app	Yes	□ No iired):

Employment History

Please provide all employment information for the past three employers starting with the most recent.

Employer:		_Position held:
Address:		Telephone #:
Immediate supervisor and title:		
Dates employed: from	to	Salary:
Job summary:		
Reason for leaving:		
May we contact this employer?	□ No	
Employer:		_Position held:
Address:		Telephone #:
Immediate supervisor and title:		
Dates employed: from	to	Salary:
Job summary:		
Reason for leaving:		
May we contact this employer? \Box Yes	□ No	
Employer:		_Position held:
Address:		Telephone #:
Immediate supervisor and title:		
Dates employed: from	to	Salary:
Job summary:		
Reason for leaving:		
May we contact this employer?	□ No	

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:			
Please check areas of expertise:			
Typing (WPM)	Other		
Microsoft Office (indicate those that apply): \Box V	Vord 🗆 Excel 🗆 PowerPoint	🗆 Publisher 🛛 Outlook	
Educational History			
List school name and location, years completed, c	ourse of study, and any degrees ea	rned:	
High school:			
Technical Training:			
College:			
Other:			
References			
List 3 references whom we may contact (do not ir	nclude relatives or employers):		
Name:	Phone:	_Yrs Known:	
Name:	Phone:	_Yrs Known:	
Name:	Phone:	_Yrs Known:	
Small Group Leader			
Name:	Phone:	_Yrs Known:	
Staff Member			
Name:	Phone:	_Yrs Known:	

Christian Background

Are you a born again Christian?	□ Yes	□ No	How Long?
Do you attend Coram Deo Bible Church?	□ Yes	□ No	
If no, what church do you attend?			
Are you a member of Coram Deo Bible Ch	urch?		
If no, are you willing to become a n	nember?		

Coram Deo Bible Church requires all staff to become members within 6 months of hire date.

In what areas of ministry at Coram Deo Bible Church are you involved?

Please list your spiritual gifts:

Personal Testimony

Please include your life before Christ, how you received Christ and what your life is now with Christ.

I hereby authorize Coram Deo Bible Church to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release Coram Deo Bible Church, and its representatives, from liability for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide satisfactory proof of identity and legal work authorization on or before the start of employment. Failure to submit such proof of identity within the required time shall result in immediate termination of the employment relationship.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature:	Date:

Printed Name: _____ Date:_____ Date:_____