



APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION _____

To The Applicant: We appreciate your interest in our church and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications, and to determine if such position is available. In the event you are hired, your duties shall include those duties assigned to you from time to time by any officer or supervisor of the Organization and you will be expected to assist in all such duties requested.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, height, weight, national origin, age, marital or veteran status, arrest record, or the presence of a medical condition or handicap.

PERSONAL

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(NUMBER) (STREET) (CITY) (ZIP)

EMAIL _____ SOCIAL SECURITY NUMBER _____

CELL PHONE _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU A U.S. CITIZEN? YES NO (NOT APPLICABLE IN CALIFORNIA)

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU BEEN PREVIOUSLY EMPLOYED HERE? YES NO IF YES, DATE(S) _____

SUPERVISOR NAME(S) _____

HOW WERE YOU REFERRED TO US? _____

HAVE YOU FILED AN APPLICATION HERE BEFORE? YES NO IF YES, DATE(S) _____

LIST ANY FRIENDS, ACQUAINTANCES OR RELATIVES WORKING HERE _____

WHAT METHOD OF TRANSPORTATION WILL YOU USE TO COME TO WORK? _____

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES NO

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR _____

KIND OF WORK SOUGHT FULL-TIME PART-TIME _____

DO YOU HAVE ANY SPECIAL TRAINING, SKILLS, QUALIFICATIONS OR OTHER EXPERIENCES THAT RELATE TO THE POSITION(S) APPLIED FOR? _____

DATE AVAILABLE TO START WORK _____

Michigan law requires employers to make reasonable accommodations to qualified handicapped applicants and employees where the employee makes their need known to the employer, requests accommodation and such accommodation does not impose an undue hardship on the employer. With respect to State of Michigan Persons with Disability claims, persons with disabilities and applicants must request an accommodation of their handicap by notifying LFM Church in writing of the need for accommodation within 182 days of the date the person with a disability knows or reasonably should know that an accommodation is needed. Failure to properly notify LFM Church will preclude any claim that the employer failed to accommodate the person with a disability, however, this does not waive your rights under the Americans With Disabilities Act of 1990, as amended.

COMPLETE EMPLOYMENT HISTORY

List current or most recent job first; add additional pages if necessary

EMPLOYER	DATES		WORK PERFORMED / ACHIEVEMENTS
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE / SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

EMPLOYER	DATES		WORK PERFORMED / ACHIEVEMENTS
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE / SALARY		
SUPERVISOR	STARTING	FINAL	
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	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE / SALARY		
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

EDUCATION

	NAME / LOCATION	YEARS COMPLETED	DIPLOMA / DEGREE	COURSES OF STUDY
ELEMENTARY				
HIGH SCHOOL				
COLLEGE			YEAR OF DEGREE	
GRADUATE			YEAR OF DEGREE	
VOCATIONAL TRAINING			YEAR OF DEGREE	

ANY OTHER EDUCATION / TRAINING / LICENSES / CERTIFICATIONS / QUALIFICATIONS _____

EXPERIENCE WITH OFFICE / BUSINESS EQUIPMENT / SYSTEMS, ETC. (E.G. COMPUTERS, SOFTWARE PROGRAMS, COPIERS) _____

REFERENCES

	NAME	ADDRESS	PHONE	EMAIL	RELATIONSHIP	YEARS KNOWN
1						
2						
3						

MILITARY SERVICE RECORD (OPTIONAL)

HAVE YOU HAD ANY EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES OR IN A STATE NATIONAL GUARD? YES NO

IF YES, WHAT BRANCH? _____ RANK AT DISCHARGE _____ DATE OF DISCHARGE _____

ARE YOU IN THE RESERVES? YES NO IF YES, DATE OBLIGATION ENDS _____

SPECIAL/TECHNICAL TRAINING _____

ADDITIONAL INFORMATION

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE STATE WHERE _____ WHEN _____ AND DESCRIBE THE OFFENSE _____

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? YES NO

IF YES, PLEASE DESCRIBE THE NATURE OF THE OFFENSE _____

WITHIN THE PAST TWO YEARS, HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WHICH RESULTED IN IMPRISONMENT / JAIL? YES NO

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO LICENSE NUMBER _____ STATE _____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD EXCLUDING GROUPS THE NAME OR CHARACTER OF WHICH INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, MARITAL OR VETERANS STATUS _____

STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION _____

IMPORTANT

NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON(S) TO BE NOTIFIED IN THE EVENT OF ACCIDENT OR EMERGENCY

FULL NAME	ADDRESS	DAY / EVENING PHONE	RELATIONSHIP (OPTIONAL)

[*IMPORTANT-To validate this application, all applicants must read the following and acknowledge the same by signing below.]

AUTHORIZATION AND UNDERSTANDING Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize LFM Church to verify any of the information concerning my employment, education, or credit history with the appropriate individuals, companies, institutions or agencies, and to conduct a criminal history background check, and I authorize them to release such information as LFM Church requires, including any record of disciplinary action, without any obligation to give me written notice of such disclosure. I also authorize LFM Church to release any information (excluding medical information) requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure.

I hereby release LFM Church and such other third parties from any liability whatsoever as a result of any such inquiries and disclosures except as prohibited by law. I agree that any false or incomplete information that causes my application to be misleading may subject me to discharge at any time during the period of my employment.

I acknowledge that any offer of employment extended by LFM Church is contingent upon the results of a physical examination and drug test satisfactory to LFM Church in its sole discretion and upon my acceptance of such offer of employment I authorize and consent to such examination and drug test. I understand that the results of such examination and drug test shall be maintained on separate medical forms and in medical files and that such confidential information shall only be disclosed to managers, supervisors, first aid and/or safety personnel regarding necessary restrictions or accommodations with respect to assigned work or for safety and/or medical purposes or to Personnel Department or Organization legal representatives as required in the ordinary course of business.

I agree that my employment, if hired by LFM Church, is "at-will" and either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this policy may only be altered in writing and signed by the Lead Pastor of LFM Church. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of The Free Methodist Church of North America (FMCUSA) as they are from time to time implemented, modified or changed, and no additional obligations can be imposed on LFM Church except those which have been acknowledged in writing by the Lead Pastor of LFM Church.

I agree that any action (excluding governmental, statutory administrative proceedings) or suit against Covenant Hills Camp arising out of or related to my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought, if at all, within the shorter of 180 days of the event giving rise to the claim or the applicable statute of limitations, or be forever barred. I waive any limitation periods to the contrary, with the exception being that this agreed to limitations period does not supersede the Federal Equal Employment Opportunity Commission or other applicable statutes or regulations that may extend this period as provided by law. I acknowledge that this 180 day limitation on actions forms an Agreement between myself and Covenant Hills Camp.

SIGNATURE _____

DATE _____

CONSENT FOR BACKGROUND CHECK

NAME _____
(LAST) (FIRST) (MIDDLE)

ANY ALIASES OR PRIOR NAMES _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVERS LICENSE NUMBER _____ STATE ISSUED IN _____

MALE FEMALE

PRESENT ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

LIST ANY FORMER ADDRESSES FOR THE PRIOR 10 YEARS

FORMER ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

DATES _____

FORMER ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

DATES _____

FORMER ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

DATES _____

By signing below, I hereby authorize LFM Church to conduct a background check regarding my prior employment, criminal, credit, driving, and educational history as well as information regarding my general character and reputation. I understand the information may be reviewed initially and periodically by LFM Church and reported to any future prospective/actual employer.

Further, I certify that all information provided herein is true, correct and complete. I understand that falsification of any information or if any information proves to be incorrect or incomplete, I may be ineligible for employment or subject to immediate dismissal, if hired by LFM Church. I further acknowledge that LFM Church is relying on third party information and I therefore release LFM Church and its respective officers, agents and employees from any and all liability arising out of errors or omissions.

EMPLOYEE SIGNATURE _____ DATE _____