

Application for Employment

It is the policy of *Epiphany* to provide equal employment opportunity to all qualified persons without regard to race, color, religion, creed, sex, marital status, disability, age, national origin, veteran status, sexual orientation, and status with regard to public assistance. Exceptions to the above non-discrimination policy may be necessary when based upon a bona fide occupational qualification. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of *Epiphany*.

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Phone:	E-mail:		
Date Available:	Salary Requirements:		
Position applied for / Type of work desired:			
Type of employment desired:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Are you able to meet the attendance requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have any objection to working overtime if necessary?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Can you travel if required by this position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for our organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Can you submit proof of legal employment authorization and identity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Driver's license number (if driving is an essential job duty):			

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EMPLOYMENT HISTORY

Please provide all employment information for your past four employers, starting with the most recent.

1. Employer:			Position Held:
Address:			Telephone:
Immediate Supervisor & Title:			
Dates employed:	From	To	
Job summary:			
Reason for leaving:			
2. Employer:			Position Held:
Address:			Telephone:
Immediate Supervisor & Title:			
Dates employed:	From	To	
Job summary:			
Reason for leaving:			
3. Employer:			Position Held:
Address:			Telephone:
Immediate Supervisor & Title:			
Dates employed:	From	To	
Job summary:			
Reason for leaving:			
4. Employer:			Position Held:
Address:			Telephone:
Immediate Supervisor & Title:			
Dates employed:	From	To	
Job summary:			
Reason for leaving:			

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications.

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EDUCATIONAL HISTORY				
<i>List school name and location, years completed, course of study, and any degrees earned.</i>				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree				

REFERENCES	
<i>Please list three professional references. Do not include relatives or employers.</i>	
Full Name:	Years known:
Company:	Phone: ()
Address:	
Full Name:	Years known:
Company:	Phone: ()
Address:	
Full Name:	Years known:
Company:	Phone: ()
Address:	

Applicant’s Certification & Acknowledgement

By my signature below, I promise that the information provided in this employment application (and in any related documents or interview) is true and complete. I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date. I further understand that this application will only remain active for 60 days.

I understand that applicants for employment in certain positions are required to successfully complete a pre-employment criminal background check prior to any final offer and I consent to this check.

I expressly authorize *Epiphany* to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and

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Important Documents for Church Ministry

references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal authorization. Failure to submit such proof shall result in immediate termination of employment.

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.

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

Applicant signature

Date