

# Application for Employment

(Revised 1/2026)

<b>PERSONAL INFORMATION</b>		SOCIAL SECURITY NUMBER	APPLICATION DATE	
LAST NAME	FIRST NAME	MIDDLE INITIAL	TELEPHONE NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP	FROM: TO:
PRIOR ADDRESSES (PROVIDE 7 YEAR ADDRESS HISTORY)	CITY	STATE	ZIP	FROM: TO:
PRIOR ADDRESSES (ATTACH ADDITIONAL PAGES AS NEEDED)	CITY	STATE	ZIP	FROM: TO:
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> NO <input type="checkbox"/> YES	HAVE YOU EVER USED OTHER NAMES, ALIASES, or AKAs? <input type="checkbox"/> NO <input type="checkbox"/> YES (PLEASE SPECIFY):			
EMPLOYMENT IS CONDITIONED ON THE SUCCESSFUL PASSAGE OF A CRIMINAL BACKGROUND INVESTIGATION. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES WILL BE REQUIRED.				

<b>POSITION DESIRED</b>		POSITION DESIRED OR AREA OF INTEREST	SALARY DESIRED
HAVE YOU EVER PREVIOUSLY APPLIED TO WORK HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATE(S) AND POSITION(S) APPLIED FOR	
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY US? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE POSITION AND DATES OF EMPLOYMENT	NAME(S) OF ANY FRIENDS OR RELATIVES CURRENTLY EMPLOYED BY US	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMENTS/OTHER PERTINENT INFORMATION			

<b>EDUCATION &amp; U.S. MILITARY SERVICE</b>		PLEASE INDICATE ANY LANGUAGES OTHER THAN ENGLISH THAT YOU SPEAK: READ: WRITE:		
SCHOOL LEVEL	NAME, CITY & STATE OF SCHOOL (ATTACH ADDITIONAL PAGES AS NEEDED)	MAJOR	UNITS COMPLETED/GPA	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL				
COLLEGE				
OTHER				
PROFESSIONAL CERTIFICATES OR LICENSES HELD		ARE YOU CURRENTLY ENROLLED IN ANY EDUCATIONAL COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT COURSE(S) AND WHERE?		
HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, MILITARY DUTIES AND TRAINING		
PLEASE LIST JOB-RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG. (YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, GENDER, OR AGE.)				

<b>EMPLOYMENT HISTORY</b> (ATTACH ADDITIONAL PAGES AS NEEDED)		PROVIDE COMPLETE EMPLOYMENT HISTORY FOR LAST 7 YEARS BEGINNING WITH MOST RECENT JOB. INCLUDE PERIODS OF PART-TIME, SUMMER, OR SELF-EMPLOYMENT AS WELL AS UNEMPLOYMENT.			
COMPANY NAME & ADDRESS	TELEPHONE	POSITION(S) HELD	DATES	REASON FOR LEAVING	DESCRIPTION OF DUTIES
OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			START:		
TYPE OF BUSINESS	NAME OF SUPERVISOR		END:		
COMPANY NAME & ADDRESS	TELEPHONE	POSITION(S) HELD	DATES	REASON FOR LEAVING	DESCRIPTION OF DUTIES
OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			START:		
TYPE OF BUSINESS	NAME OF SUPERVISOR		END:		
COMPANY NAME & ADDRESS	TELEPHONE	POSITION(S) HELD	DATES	REASON FOR LEAVING	DESCRIPTION OF DUTIES
OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			START:		
TYPE OF BUSINESS	NAME OF SUPERVISOR		END:		
COMPANY NAME & LOCATION	TELEPHONE	POSITION(S) HELD	DATES	REASON FOR LEAVING	DESCRIPTION OF DUTIES
OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			START:		
TYPE OF BUSINESS	NAME OF SUPERVISOR		END:		

<b>REFERENCES:</b> PLEASE PROVIDE NON-RELATIVES (e.g., FRIENDS, CO-WORKERS, PASTORS, MINISTRY LEADERS, ETC.) WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES, CHARACTER, CONDUCT, ETC.			
NAME AND ADDRESS	TELEPHONE & EMAIL	OCCUPATION	RELATIONSHIP & YEARS KNOWN
1.			
2.			
3.			
4.			
5.			
<b>EMERGENCY CONTACT:</b> PLEASE LIST WHOM WE SHOULD NOTIFY IN CASE OF EMERGENCY.			
NAME	RELATIONSHIP	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
			ALT. TELEPHONE NUMBER

We appreciate your interest in [Insert Name of Organization Here] and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of our organization. Qualified applicants are considered for all positions without regard to applicable protected classes.

## ACKNOWLEDGEMENTS

1. I authorize all corporations, companies, employers, former employers, landlords, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, branches of military service, and persons to release information they may have about me to the organization with which this form has been filed, or their agent, and I hold harmless and release all parties involved from any liability and responsibility for doing so. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time.
2. I understand that my employment is conditioned on the successful passage of a criminal background check and that any offer of employment made to me will be predicated upon the truthfulness of my written and verbal statements and information derived through the pre-employment background process. I further understand that if it is determined that any statement – verbal or written – or other information provided by me is not truthful, any offer of employment extended to me may be withdrawn and, if employed, I may be subject to termination.
3. I understand this Application for Employment is not to be construed as an offer of employment or a guarantee of employment. I further understand that my employment with this organization does not constitute any form of contract – implied or expressed – and such potential employment may be terminable at-will either by myself or by the employer upon notice to one party by the other.
4.  I am applying for a non-ministerial role and request accommodations. (Someone will contact you to discuss this.)

I acknowledge that I have read all the above statements and that I understand them.

Applicant's Signature: ✕ \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE AUTHORIZATION

• TO BE SHARED UPON REQUEST WITH PARTIES PROVIDING BACKGROUND/REFERENCE INFORMATION •

*This is to inform you (the applicant) that as part of our procedure for processing your employment or volunteer application, a background investigation will be conducted by **Grace Evangelical Free Church of La Mirada** or our agent(s) to verify your information. We may make an investigative consumer report in which information may be obtained through, but not limited to, personal interviews or information inquiries with family members, business associates, friends, neighbors, educational institutions, courts, government records, and agencies including, but not limited to, Department of Motor Vehicles, Superior Court records, Department of Justice (DOJ), Federal Bureau of Investigations (FBI), Live Scan, or other third parties with whom you are acquainted. The investigative report may include information on your character, conduct, general reputation, work performance, personal characteristics, and/or mode of living.*

I, Applicant enter full name here, authorize all corporations, companies, employers, former employers, landlords, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, branches of military service, and persons to release information they may have about me to **Grace Evangelcial Free Church of La Mirada** or their agent(s), and I hold harmless and release any and all persons, parties, and organizations involved from any liability and responsibility for this purpose. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time. This release shall be binding on my legal representatives, heirs, and assigns.

**Name (first, middle, last):** Click or tap here to enter text.

**Any other names used (aliases, AKA's, maiden name, etc.):** Click or tap here to enter text.

I fully understand that by completing this form, I am authorizing **Grace Evangelical Free Church of La Mirada** or their agent(s) to investigate my background as well as seek other information outlined above.

Applicant's signature: ✕ \_\_\_\_\_ Date: Click or tap here to enter text.