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**Employment Application**

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| **Name**:                   **Position Applied for**:       **Minimum Salary Expected**: |
| First Middle Last |
|  |
| **Current Address**:                         **How Long**: |
| Street Address City State ZIP |
|  |
| **Previous Address**:                         **How Long**: |
| Street Address City State ZIP |
| **Phone: (** **)** **Email:       Best time to reach you:** |

1. Have you ever filed an application with us before? If yes, give date            Yes  No
2. Have you ever been employed with us before? If yes, give date            Yes  No
3. Are you currently employed? Yes  No
4. Are you a member of a Reserve or National Guard component? Yes  No
5. Can you, at the time of employment, submit verification of your legal right to work in the United States? Yes  No

*(Proof of citizenship or immigration status required within three working days of employment)*

1. If under 18 years of age, can you provide proof of your eligibility to work? Yes  No
2. Are you currently on layoff subject to recall? Yes  No
3. Can you travel if a job requires it? Yes  No
4. Can you perform the essential functions of the job for which you are applying without special

accommodation? If special accommodation is needed, please attach details. Yes  No

1. Are you willing to submit to drug, alcohol, nicotine testing and a criminal background check? Yes  No
2. All matters should be disclosed except minor traffic violations that **DID NOT** involve alcohol (*including current name and any other name*):

-- Have you ever been convicted of, pleaded guilty or no contest, or paid a fine for any criminal offense? Yes  No

-- Do you have any pending charges against you at this time? Yes  No

-- Have you at any time ever engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes  No

-- Are you aware of having any traits or tendencies that could pose any threat to children, youth, or others

and is there any reason why you should not work with them? Yes  No

-- Have you used illegal drugs within the past 12 months? Yes  No

If “yes” to any of the above, please describe in full, including the offense, the date and the jurisdiction and the type

of rehabilitation, if any. Pleading guilty, “no contest”, or being convicted of an offense will not necessarily result in

denial of employment. All circumstances will be considered.

1. Why are you applying with Midland’s Open Door?
2. How did you learn about Midland’s Open Door?  Advertisement - Specify        Employee Referral – Name

Employment Agency – Specify        Other – Specify

1. If applicable, in which areas of this ministry are you currently involved?
2. Date available to start:
3. Are you available to work: Full-time  Temporary  Part-time

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**Employment Experience**

List past three employers (including military service) or voluntary assignments. Provide as much detail as possible.

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| --- | --- | --- | --- | --- | --- |
| **Most Recent Employer** | | **Previous Employer** | | **Previous Employer** | |
| Street Address | | Street Address | | Street Address | |
| City, State, Zip | | City, State, Zip | | City, State, Zip | |
| Telephone Number  (      ) | | Telephone Number  (      ) | | Telephone Number  (      ) | |
| Last Supervisor’s Name | May we contact Employer?  Yes  No | Last Supervisor’s Name | May we contact Employer?  Yes  No | Last Supervisor’s Name | May we contact Employer?  Yes  No |
| Dates Employed  *Start*  *End* | Salary  *Start $*  *End $* | Dates Employed  *Start*  *End* | Salary  *Start $*  *End $* | Dates Employed  *Start*  *End* | Salary  *Start $*  *End $* |
| Position/Duties | | Position/Duties | | Position/Duties | |
| Reason for Leaving | | Reason for Leaving | | Reason for Leaving | |

**Unemployment Record** - .Account for all periods of unemployment of one month duration or more since you left school to the present time.

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| **From** | **To** | **Explain What You Were Doing** |
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**Education** - List the three highest Degrees of Education obtained.

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| --- | --- | --- | --- |
| **Institution Name** | **City / State** | **Dates Attended** | **Graduation Date / Degree** |
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| **Additional Qualifications** – List any special skills, hardware/software proficiency, certifications, licenses, relevant training, or special achievements. |
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**Professional References** – Include only individuals that we can contact, familiar with your work ability that you have known for a least one year. Do not include relatives.

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| --- | --- | --- | --- |
| **Name** | **Company** | **Phone Number** | **Years Known / Relationship** |
|  |  | (     ) |  |
|  |  | (     ) |  |
|  |  | (     ) |  |
|  |  | (     ) |  |

**Additional References** – Include only individuals that we can contact, knowledgeable of your work with youth or children. Please provide two that are not relatives or individuals with strong personal ties to the applicant.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Company** | **Phone Number** | **Years Known / Relationship** |
|  |  | (     ) |  |
|  |  | (     ) |  |

**General Information** – Use the space below to describe your interest in helping the homeless, hungry and hurting and the aptitudes that you feel qualify you for a position in our organization. If you need more space, please continue on a separate sheet of paper.

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**Church Affiliation**

Are you presently attending a church? If yes, for how long?            Yes  No

Church Name:

Church Address:

Church Phone Number: (     )

Pastor’s Name:

**Personal Statement** – Share a personal statement of your relationship with Jesus Christ (use additional page(s) if necessary):

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**Applicant’s Statement**

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| I certify that the information given in the application and any attachments is true and correct. I understand any deliberate omission or misrepresentation of information herein, regardless of time of discovery, may result in disqualification for, or termination of employment. I understand that all information and any attachments are subject to verification, and I authorize the organization to verify any and all information concerning me at any time requested. I hereby release all individuals, companies and/or institutions from any claim or damages whatsoever incurred in furnishing such information. I further authorize the organization to rely upon and use as it sees fit any information received from such contacts.  In consideration for the organization’s review of my employment application, I agree that any claim against the organization arising out of my application for employment, my employment with the organization, or the termination of my employment from the organization must be filed within one hundred eighty (180) calendar days of the event that is the subject of the claim or forever be barred. Claims covered by this agreement include, but not are limited to, employment claims arising under State or Federal statutes. I understand the statute of limitations for an employment related claim may be longer than one hundred eighty (180) calendar days. However, I agree to be bound by the one hundred eighty (180) calendar day limitation set forth herein and I voluntarily WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.  If employed, I agree to comply with all organization rules and regulations. I understand that my employment is “at will”, is entered into voluntarily, and that I may resign at any time. Similarly, my employment may be terminated for any reason at any time with or without previous notice or cause. I understand that no manager or representative of the organization, other than its President / Executive Director or his/her designee, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing either now, in the past, or in the future. I further understand that such an agreement must be in writing, addressed to me individually, and signed by the President / Executive Director for it to be binding on either myself or the organization. I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the organization and still wish to be considered for employment, it will be necessary to reapply and complete a new application.  I understand that if I have a disability that affects my ability to do the job I seek, I may ask the organization to attempt to make a reasonable accommodation. I will make my request in writing to Midland’s Open Door within 182 days after the need for accommodation is known.  In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including the following: (1) a credit report; (2) a criminal record check; (3) a Social Security trace; and (4) education verification. I acknowledge that my employment is contingent upon the findings of these inquiries. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information.  I understand that Midland’s Open Door is a religious organization, and if hired, I will be expected to adhere to Midland’s Open Door’s statement of faith and code of Christian conduct.  I waive my right to prior written notice of disclosure of my personnel record information, including disciplinary reports, letters of reprimand or other disciplinary action, by current and former employers to the organization and by the organization at some time in the future. |

**I certify that I have read, understand and accept all terms of the certification information printed in the Applicant’s Statement above.**

**Signature** (Electronically typed name in signature field validates acceptance of terms stated herein.) **Date**

**Print Name**

**BUSINESS OFFICE USE ONLY**

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| Applicant Hired:  Yes  No | Rate of Pay: |
| Department Assigned to: | Probationary Review Date: |
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