

Today's Date _____



Employment Application

Notice to applicants: Federal and state law requires that all applicants be considered without regard to race, color, sex, age or national origin. We believe in and fully support the principle of equal employment opportunity and will fulfill our obligation to the fullest.

PERSONAL INFORMATION

Last Name		First Name				Middle Initial		Jr./Sr.
Home Phone					Email			
Present Address				City		State		Zip
Position Applied For							Work Schedule Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
If Part Time, Specify Hours Desired by Day:		Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Rate of Pay Expected				How Did You Hear About This Opening?				
Have You Worked With Us Before? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, When/How Long?			Previous Job Title			
Reason For Leaving				List Any Friends/Relatives Working With Us Now				
List Any Special Skills You Have for Positions Applied for Above								

EMPLOYMENT INFORMATION (Please list your three most recent employers.)

Employer Name		Employer Phone		Years of Service Yrs. Mos.		Occupation	
Business Address			City		State		Zip
Salary	Starting Wage	Ending Wage	Reason For Leaving				
Previous Employer Name		Employer Phone		Years of Service Yrs. Mos.		Occupation	
Business Address			City		State		Zip
Salary	Starting Wage	Ending Wage	Reason For Leaving				
Employer Name		Employer Phone		Years of Service Yrs. Mos.		Occupation	
Business Address			City		State		Zip
Salary	Starting Wage	Ending Wage	Reason For Leaving				
May we contact the employer at the phone numbers given? <input type="checkbox"/> No <input type="checkbox"/> Yes							

PERSONAL REFERENCES

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

Please return the completed application to humanresources@jsmi.org

EDUCATION

High School/College	Total Years Attended Yrs. Mos.	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes	Major/Minor
High School/College	Total Years Attended Yrs. Mos.	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes	Major/Minor
High School/College	Total Years Attended Yrs. Mos.	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes	Major/Minor
High School/College	Total Years Attended Yrs. Mos.	Graduated <input type="checkbox"/> No <input type="checkbox"/> Yes	Major/Minor

SPECIALIZED TRAINING

[illegible]

HOBBIES, SPORTS, ETC.

CONVERSION EXPERIENCE (Explain your salvation and baptism experience.)

CHURCH HOME

Church Name

Pastor's Name

Church Address

City

State

Zip

Total Years Attended
Yrs. Mos.

Are You A Member?
☐ No ☐ Yes

Do You Tithe?
☐ No ☐ Yes

CAREER GOAL

MISCELLANEOUS (If you have any additional information that would help us in considering you for a position with us, use the space below.)

(Or if you need to provide any links to portfolios/demos as applicable to the position in which you are applying)



Authorization For Release Form

I certify that the information contained in my employment application is true and correct to the best of my knowledge, and I understand that false or incorrect information on my application is grounds for disqualification from further consideration or for dismissal from employment. Further, I hereby authorize my former employer(s), reference(s), and any other individual or organization to provide information solicited by the company, regarding my personal character, past employment habits, credit, background and criminal record history, and hereby release and discharge each of the above including the company, from any liability of any kind or nature.

I authorize without reservation, any person, agency, or other entity contacted by Jerry Savelle Ministries International, or their agents, to furnish the above mentioned information.

I release Jerry Savelle Ministries International, their respective employees and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

BACKGROUND INFORMATION					
Last Name		First Name		Date of Birth	
City of Birth			County		State
AKA or Maiden Name			Social Security Number		
Other Names You Have Gone By				Other Social Security Numbers You Have Had	
Present Address				City	State
County	Years at this Address Yrs. Mos.				
Previous Address				City	State
County	Years at this Address Yrs. Mos.				
Have you ever been accused and/or convicted of a crime in the past 10 years (excluding traffic violations)? If yes, please list: <input type="checkbox"/> No <input type="checkbox"/> Yes					

Signature of Applicant

Date