

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				
Full Name	n)ate:		
. an Hame.	First Middle Last			
Address: _	Street Address	A 1/0 '/		
	Street Address	Apt/Suite		
	City State	Zip Code		
E-Mail:	Phon	e:		
Social Secu	urity Number (SSN):			
Date Availa	able: Desired Pay: \$			
Position Ap	pplied For:			
Employme	nt Desired: ☐ Full-Time ☐ Part-Time			
Marital Stat	tus: ☐ Married ☐ Single ☐ Widowed ☐ Other			
*If Other, P	Please Expain:			
	Employment Eligibility			
Are You Le	egally Eligible To Work In The U.S? \square Yes \square No			
Have You E	Ever Worked For This Employer? Yes* No			
*If Yes, Wri	ite The Start And End Dates:			
Have You Ever Filed For Bankruptcy? ☐ Yes* ☐ No				
*If Yes, Please Explain:				
Have You Been Accused/Convicted Of A Crime In The Last 10 Years? \square Yes* \square No				
*If Yes, Please Explain:				
Education				
High Schoo	ol: City / State: _			
From:	To:			

Graduate? ☐ Yes ☐ No Diploma	:		
College:	City / State:		
From:	To:		
	City / State:		
From:	To:		
Degree/Certification:			
	City / State:		
	To:		
Degree/Certification:			
	Previous Employment		
E-Mail:	Phone:		
Street Address		Apt/Suite	
City	State	Zip Code	
Starting Pay: \$	_ □ Hour □ Salary Ending Pay: \$		
Job Title:	Responsibilities:		
From:	To:		
Reason For Leaving:			
	upervisor for a reference? □ Yes*	☐ No	
Employer 2:Company / Individual			
E-Mail:	Phone:		
Address:Street Address			
Street Address		Apt/Suite	
City	State	Zip Code	
Starting Pay: \$_ ☐ но	ur 🗌 Salary Ending Pay: \$		

Job Title:	Responsibilities:	 			
From:	To:				
Reason For Leaving:	:				
May we contact your	previous supervisor for a reference?	☐ Yes* ☐ No			
Employer 3:	any / Individual				
		Phone:			
Address:Street Addr	ess	Apt/Suite			
City	State	Zip Code			
Starting Pay: \$					
Job Title:	Responsibilities:				
From:	To:				
Reason For Leaving:					
	previous supervisor for a reference?				
	References (PROFESSIONAL ONLY)				
Full Name:	Last	_ Relationship:			
Company:		Title:			
E-Mail:		_ Phone:			
Address:Street Addr	ess	Apt/Suite			
Full Name:	Last	_ Relationship:			
Company:		Title:			
E-Mail:		_ Phone:			
Address:					
Street	Address	Apt/Suite			

Full Name:	Relationship:				
	Title:				
E-Mail:	Phone:				
Address: Street Address	Apt/Suite				
	Military Service				
Are You A Veteran? ☐ YES ☐ NO					
Branch:	Rank At Discharge:				
From:	To:				
Type Of Discharge:					
Н	obbies, Sports, Etc.				
Communication Francisco (Fra					
Conversion Experience (Ex	plain your salvation and baptism experience)				
Church Namo					
Church Address:					
Church Address: Street Address					
Pastor's Name:					
Total Years Attended:	Years Months				
Are You A Member? ☐ YES ☐ NO					
Do You Tithe? ☐ YES ☐ NO					

Specialized Training (Explain any training or additional experience)
Career Goals
Miscellaneous
(If you have any additional information that would help us in considering you for a position with us, use the space below)
Disclaimer and Signature
Discialifier and Signature
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in m
application or interview may result in my release.
Signature Date
Jigilature Date



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						
Full Name: _	First	Middle	Last Date	of Birth:		
Current Add	ress:Street Add	ress		Apt/Suite		
-	City	State		Zip Code		
E-Mail:			Phone:			
Social Security Number (SSN):Other (SSN):						
AKA or Maiden Name:			Other Names:			
Years At Thi	is Address:	Years	Months			
Previous Ad	dress:					
	Street Ac			Apt/Suite		
-	City	State		Zip Code		
Years At Thi	s Address:	Years	Months			
Signature			Date _			