



Application For Employment Form



Agape Church Inc
An Equal Opportunity Employer

Agape Church considers applicants for all positions without regard to race, color, sex, national origin, age, veteran status, or disability.

Personal Data (Please Print)

Date Telephone Number

Email Address Cell Phone #

Name

Last First Middle

Address

Street City State Zip

Email

Position Applied For

Have you ever filed an application at Agape Church before?

Yes No If yes, what dates?

Have you ever been employed by Agape Church before?

Yes No Dates

Do you have any relatives, other than a spouse, currently employed by Agape Church?

Yes No If yes, please list their names:

1.

2.

Are you over the age of eighteen (18)? Yes No

Are you legally eligible to work in the United States? Yes No

If yes, will you be prepared to produce proof at the time of hire, in accordance with the Immigration Reform and Control Act of 1986? Yes No

Have you ever been convicted of a crime? Yes No If yes, please explain:

Eligibility to be hired will not necessarily be affected by a positive response.

Employment Experience

Please list present or most recent employer first. Include military service, if any.

Employer _____

Address _____

Position(s) _____

Manager _____

Starting Salary _____ Final Salary _____

Dates Employed _____

Reason for Leaving _____

Primary Responsibilities _____

Employer _____

Address _____

Position(s) _____

Manager _____

Starting Salary _____ Final Salary _____

Dates Employed _____

Reason for Leaving _____

Primary Responsibilities _____

Employer _____

Address _____

Position(s) _____

Manager _____

Starting Salary _____ Final Salary _____

Dates Employed _____

Reason for Leaving _____

Primary Responsibilities _____

Education and Training

List all schools attended, including trade, business, or technical institutions, beginning with the most recent.

<u>Name/Location</u>	<u>Number of Years</u>	<u>Diploma/Degree</u> <u>Yes/No</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Spiritual Data

Where Do You Attend Church? _____	Pastor _____	
Year Born Again? _____	Baptism In Holy Spirit _____	
Do You Use Tobacco Of Any Kind? _____	Alcoholic Beverages? _____	Drugs? _____

References

PLEASE LIST BELOW AT LEAST THREE PERSONAL REFERENCES AND PHONE NUMBERS
1. _____
2. _____
3. _____
4. _____
5. _____

FOR EMPLOYER USE ONLY

Reference Check

Employer	Person Contacted	Results
1		
2		
3		
4		
5		