

WOODSTOCK CHRISTIAN LIFE SERVICES

APPLICATION FOR EMPLOYMENT

Position Applied for _____ Date _____

WCLS considers all applicants for employment without regard to race, color, religion, sex, national origin, age disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, WCC complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. WCLS also provides reasonable accommodation to individuals with a disability in accordance with applicable laws.

Name

Social Security No.

Address Street

City

State

Zip Code

Telephone No.

Referred by

Are you over age 18? Yes No If not, state your age _____

Do you have a working permit? Yes No

Do you want to work Full-time Part-time. If part-time, specify days and hours: _____

Do you want to work 1st shift 2nd shift 3rd shift

Are you willing to work weekends? Yes No

Are you willing to work overtime as necessary? Yes No

Date you can start: _____

Have you ever been employed by us? Yes No

If yes, when? _____ At what location? _____

State name of any relative(s) in our employ: _____

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime*? Yes No – If yes, state nature of offense, when, where, and disposition. _____

* A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, WCLS will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify you identification and employment authorization.

Are you currently authorized to work for all employers in the United States on a full-time basis, or only for your current employer All employers Current employer only

RECORD OF EDUCATION

SCHOOL NAME	ADDRESS	COURSE OF STUDY	# YEARS COMPLETED	GRADUATED (YES or NO)	DIPLOMA or DEGREE

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces ___ Yes ___ No – If yes, list duties in the Service, including special training that is relevant to the position for which you have applied. _____

SKILLS (that you believe are related to the job for which you are applying)

Computer: _____ Typing: _____ w.p.m. Shorthand: _____ w.p.m.

Other office equipment _____

Are there any other experiences, skills, or abilities that you feel especially qualify you for work with our organization?

PRIOR WORK HISTORY (List in order with current or last employer first.) Account for your entire employment history and for any gaps in your employment.

START DATE	END DATE	EMPLOYER NAME & ADDRESS TELEPHONE NUMBER	POSITION	RATE OF PAY	SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING

Describe in detail the work you performed: _____

START DATE	END DATE	EMPLOYER NAME & ADDRESS TELEPHONE NUMBER	POSITION	RATE OF PAY	SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING

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Describe in detail the work you performed: _____

(If you need more room to complete your prior work history, use additional sheets of paper)

REFERENCES

NAME AND OCCUPATION	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN

PRE-EMPLOYMENT STATEMENT
(PLEASE READ VERY CAREFULLY BEFORE SIGNING BELOW)

I understand and voluntarily agree that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, résumé, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from WCLS's employ.

Any offer of employment I may receive from WCLS is contingent upon my successful completion of the total pre-employment screening process, including WCLS receiving references that it considers satisfactory, and my satisfactory completion of the pre-employment physical examination that is required.

I understand that as a condition of employment, I will be required to undergo and successfully pass a screening for alcohol/drugs. I also understand and agree that, if employed, I will be required to submit to an alcohol/drug screening at any time at the discretion of WCLS.

In processing my application for employment, WCLS may verify all the information provided by me, including my prior employment, military record, education, and criminal record.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of WCLS. WCLS is an at will employer. The employment relationship is not a contractual relationship and either WCLS or the employee may terminate the relationship at any time for any lawful reason. WCLS has a purpose to provide excellence in service in a way that stewards its resources prudently, and may adjust wages, work schedules, hours, benefits, and other employment arrangements in order to fulfill its service and stewardship responsibility as changing social and economic conditions call forth.

Submitting this application on-line constitutes agreement to the above.

Signature: _____ Date: _____