



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran/military status, race, color, religion, sex/gender, national origin, ancestry, age, disability, genetic information, pregnancy (including childbirth, lactation, and related medical conditions), alienage or citizenship status, sexual orientation, gender identity or expression, or any other category protected by applicable federal, state, or local laws.

The Organization provides reasonable accommodations to applicants with disabilities to assist in the hiring process, as required by applicable federal, state, and local law. Individuals can request an accommodation to complete this application or to participate in the interview process by contacting Human Resources.

THIS APPLICATION FOR EMPLOYMENT IS NOT AN EMPLOYMENT CONTRACT.

California Residents: Please review the California Consumer Privacy Act Notice provided with this Application for Employment form.

Please Answer All Questions. Print Clearly. Resumes Are Not A Substitute For A Completed Application.

PERSONAL INFORMATION

Applicant Name _____ Position Applying For _____

Telephone Number () _____ - _____ Alternate/Cellular Telephone Number () _____ - _____

Present Address:

Street #, Street Name, Apartment, or Unit Number _____ City _____ State _____ Zip Code _____

Email Address (optional) _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes ☐ No ☐ N/A ☐

Date on which you can start work, if hired: _____

If hired, can you provide proof that you are legally eligible for employment in the U.S.? Yes ☐ No ☐

(Pursuant to the Immigration Reform and Control Act of 1986, all applicants (U.S. and non-U.S.) who are offered employment must produce documents establishing their identity and authorization for U.S. work no later than seventy-two (72) business hours after employment begins. All new hires will be required to verify their employment authorization under oath by signing INS Form I-9 upon commencing employment.)

Have you previously applied for employment with this New Creation Church? Yes ☐ No ☐ If Yes, when did you apply? _____

Have you ever been employed by this Company? Yes ☐ No ☐ If Yes, provide dates of employment, position held and reason for separation from employment. _____

Do you have any commitments to any other employer which could affect your employment with this Company if hired (for example, an employment agreement, a non-competition, or non-solicitation agreement, etc.)? Yes No

If yes, please explain and provide a copy: _____

Are you able to perform the essential function of the job for which you are applying for with or without reasonable accommodations? Yes ☐ No ☐

New Creation Church of San Diego complies with the ADA requirements and takes into consideration reasonable accommodation requests which may be necessary for eligible employees to perform essential functions.

EDUCATIONAL, TRAINING AND EXPERIENCE

Education	School Name and Location (Address, City, State)	Course Study or Major	Graduate/GED? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent five (5) year period. Attach additional sheets if needed. If self employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis or internships. You may describe any training or work experience received in any U.S. military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. **Do not answer "see resume."**

Employer - 1**Name****Address**

Telephone (____) _____ Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____

Job Title _____ Supervisor's Name _____

Salary: Hourly [] or Salary [] Starting: _____ Ending: _____

May we contact this employer? Yes [] No [] If No, why not? _____

Reason for Leaving? _____

Employer - 2**Name****Address**

Telephone (____) _____ Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____

Job Title _____ Supervisor's Name _____

Salary: Hourly [] or Salary [] Starting: _____ Ending: _____

May we contact this employer? Yes [] No [] If No, why not? _____

Reason for Leaving? _____

Employer - 3**Name****Address**

Telephone (____) _____ Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____

Job Title _____ Supervisor's Name _____

Salary: Hourly [] or Salary [] Starting: _____ Ending: _____

May we contact this employer? Yes [] No [] If No, why not? _____

Reason for Leaving? _____

Have you ever been terminated or asked to resign from any job? Yes ☐ No ☐ If Yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes ☐ No ☐ If Yes, how many times? _____

If you answered yes to either of the above two questions, please explain the circumstances of each occasion.

Briefly describe any special skills, training, or volunteer experience you possess relevant to the position for which you are applying:

List any professional or occupational registration, licensure or certification you currently hold which is relevant to the position for which you are applying and/or indicate whether you have ever had any related professional registration, license, or certification suspended, revoked or terminated:

Are you an active Military Reservist? Yes ☐ No ☐

REFERENCES

Please list the names of additional work-related references we may contact who have worked with you in the past. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK/RELATIONSHIP (i.e. supervisor, co worker)	TELEPHONE/EMAIL

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Organization may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Organization has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) unlawful drug and/or alcohol test is positive, the employment offer may be withdrawn where allowed by law. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Organization's policy and federal, state, and local law, may be subject to urinalysis or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that alcohol and/or drug testing may be a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Organization's policies and applicable federal, state, and local law.

If employed by the Organization, I understand and agree that the Organization, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of Organization property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property. **I UNDERSTAND THAT I HAVE NO EXPECTATION OF PRIVACY IN Organization PROPERTY.**

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be true, complete and accurate, to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from further consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal, regardless of when such information is discovered.

The Organization considers this Application for Employment to be a part of the personnel record.

THIS ORGANIZATION IS AN AT-WILL EMPLOYER WHERE ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE Organization OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. I UNDERSTAND THAT NO Organization EMPLOYEE OR REPRESENTATIVE HAS THE AUTHORITY TO ENTER INTO A CONTRACT REGARDING DURATION OF TERMS AND CONDITIONS OF EMPLOYMENT OTHER THAN THE PRESIDENT/CEO OF THE Organization AND THEN ONLY BY MEANS OF A WRITTEN CONTRACT SIGNED BY THE PRESIDENT/CEO.

I authorize the Organization and/or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking, to the extent permitted by federal, state, or local law. Federal law and some states require a separate disclosure and consent when obtaining background reports from a consumer reporting agency. I understand I will be asked to complete any requisite consent forms for the background check which may be required by federal, state and/or local law. I agree to sign these forms and understand that my offer of employment may be conditional upon the background check.

I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER (INCLUDING ANY AND ALL PRIOR EMPLOYERS OF MINE) TO FURNISH INFORMATION REGARDING MY PREVIOUS EMPLOYMENT HISTORY AND/OR ANY OF THE ABOVE-MENTIONED INFORMATION. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Organization pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Organization for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by the Organization, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Organization as required by the Immigration Reform and Control Act of 1986. I also understand this Organization employs only individuals who are legally eligible to work in the United States.

CALIFORNIA PUBLIC RECORDS DISCLOSURE

I acknowledge that in connection with my application for employment or subsequent employment, The Organization may collect, assemble, evaluate, compile, report, transmit, transfer or communicate information on my character, general reputation, personal characteristics or mode of living which are matters of public record without using a third-party investigative consumer reporting agency. Matters of public record are defined as records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

I understand that such public record information generally must be disclosed to me within seven days of the date the information is received, regardless of whether it is received orally or in writing. I understand that I may waive my right to receive such information. By checking this box [] I hereby waive my right to any such disclosure.

Acknowledgement: _____
(Applicant Signature)

To the extent required by applicable law, this organization maintains a smoke-free workplace.

Applicant Signature _____ **Date** _____ / _____ / _____

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ **Date** _____ / _____ / _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Organization, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Organization personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian Signature _____ **Date** _____ / _____ / _____