

St. Martin in the Fields Episcopal Church

Application For Employment

Read the following instructions carefully before filling out application.

It is important that you answer all items on this application. Take time to list pertinent information carefully and completely. Failure to do so may prevent consideration for a position for which you are qualified. Your ability to write clearly and effectively on this application will be considered if it is a requirement for the job for which you are applying. It is your responsibility to inform us of all education and experience related to the job for which you are applying. Make sure you have also completed information on your references. Informing the Parish Administrator about where to locate references is the responsibility of the applicant. If additional space is needed, you may continue in the same format on a blank sheet of paper.

All information provided by the applicant on this form is subject to verification. Inability on our part to confirm statements made by you prevent consideration for employment.

We take affirmative action to comply with all applicable laws of local, state and federal governments regarding employment practices. These statutes prohibit discrimination in employment based on race, creed, color, sex, age, national origin, marital status, or physical or mental handicap unrelated to job performance.

Name	Date
Address	
Street	City State Zip
Social Security Number	Home Phone ()
Employment Desired	Cell Phone ()
Position	Salary Desired
Do you wish to work: Full time	Part timeHours as specified

Are you currently employed?	If so, may we contact you	r present employer?
Employer		
Supervisor		Phone
Position		How long?
Date available for work		
Education		
School/University	Dates	Degree
Please list courses, volunteer work, hobbie	es or interests that would relate	e to position desired:

Please list any professional organizations in which you are active:

Dates Employed		Position
Name of Employer		Phone
Salary	Reason for leaving	
Dates Employed		Position
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Name of Employer		Phone
Salary	Reason for leaving	
Dates Employed		Position
Name of Employer		Phone
Salary	_ Reason for leaving	
Dates Employed		Position
Name of Employer		Phone
Salary	Reason for leaving	

Former employers (List last four employers starting with last one first.)

<u>References</u> (List three references, use separate sheet if necessary.)

Name and Title		Telephor	ne	Time Known
			_	
General Information				
Have you been convicted of a against you, including deferre		neanor or are th	ere any pending	criminal charges
Yes _	N	No		
Have you been reported for c	child abuse or negl	ect?		
Yes	N	Jo		
If yes, explain?				
Would you be willing to unde	ergo a pre-employr	nent health exar	m?	
Yes	N	No		
Infection Control Informat	ion			
Please indicate if you have ha	d any of the follow	ving. Please give	e dates and expla	anation.
Hepatitis Rubella (German Measles) Rubeola (10 day Measles) Parotitis (Mumps) Varicella (Chicken pox) Tuberculosis	<u>Yes</u>	<u>No</u>	<u>Date</u>	<u>Explanation</u>

SMEC Employee Application

Positive TB skin test

St. Martin in the Fields Episcopal Church is a drug and alcohol free workplace. As a part of your pre-employment screening you may be given a drug and alcohol screening test. If you do not pass the test you will no longer be employed by St. Martin's Episcopal Church. I have read and understand this requirement.

Applicant's Signature	Date	
Have you ever been shown by credible evidence, e.g. a court or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?		
Yes No	If yes, please explain:	
May we contact your previous employers?	YesNo	
Are you in all respects able to perform adequately the job duties for which you are applying?		
YesNo	If no, please explain:	
Do you have a valid driver's license?	_YesNo	
If yes, please give license number and class o	f license	

By signing this form, I am affirming that the above statements are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for the expressed purpose of pre-employment screening.

Applicant's Signature

Date

Pursuant to the Immigration Reform and Control Act of 1986, all applicant's, upon being made an offer of employment, must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after commencement of employment. You will also be required to sign Form I-9 (issued by the federal government) verifying, under oath, your employment authorization.

We are an Equal Opportunity Employer – a copy of this application is available to you on request.