Grace Community Fellowship (GCF) Employment Application

We are an equal opportunity employer. Everyone will be considered for employment, promotions, transfers, and other conditions of employment without any discrimination prohibited by state and federal law.

Instructions: Please complete this form as thoroughly as possible. Use separate sheets to complete answers wherever necessary. Please print, using ballpoint pen.

Name Last First Middle	Date

Current Address Street: City/ State/ Zip	Previous Address, if within the past three years Street: City/ State/ Zip
Driver's License Number	Birth Date (MM/DD/YYYY)
Telephone #	Social Security #
What position are you applying for?	Desired Salary

EDUCATION

School	Name & Address of School	Course of Study	Degree or Diploma?
High			
College			
Other Specify			

EMPLOYMENT HISTORY

Company Name & Address	Dates (Mo./Yr/) From: To:	Salary Start End	Give Title & Describe Duties
Supervisor's Name	Reason for leaving		
May we contact this employer?	_____YES	_____NO	Phone Number
Company Name & Address	Dates (Mo./Yr/) From: To:	Salary Start End	Give Title & Describe Duties
Supervisor's Name	Reason for leaving		
May we contact this employer?	_____YES	_____NO	Phone Number

Company Name & Address	Dates (Mo./Yr/) From: To:	Salary Start End	Give Title & Describe Duties
Supervisor's Name	Reason for leaving		
May we contact this employer? _____YES _____NO			Phone Number

List three personal references (do not include relatives or employers you listed in the Employment section). If you are a ollege student or recent graduate please include a faculty reference.

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN

Do you consider yourself a positive role model? _____Yes _____No
Why or why not?

Is there anything that would keep you from effectively working with children or that might cause a child potential harm? _____Yes _____No If Yes, please explain.

Is there anything that would keep you from performing the essential functions of your job (as defined in the job description in which you are applying)? _____YES _____No
If Yes, please explain.

WORK EXPERIENCE WITH CHILDREN

Nursery Ages:	Sunday School ages:
Other Ages:	
Because some children have allergies, we need to know Do you smoke _____YES_____No	Do you have any restrictions that would prevent you from performing your responsibilities in the nursery? ___Yes ___No If yes, please explain:

I give Grace Community Fellowship and/or it's representatives permission to check any and all information supplied herein and that which is deemed necessary. I fully understand that they may do so at any time and my signature authorizes same.

Applicants Signature Date