

Application for Employment

Community of Christ

ARIZONA MISSION CENTER
1303 E. Angela Drive, Phoenix, AZ 85022
Phone (602) 620-0036 E-mail: jbmrbear@gmail.com

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons.

Name: _____		Date: _____
Position(s) applied for: AZMC Youth Ministry Assistant		Check if applying only for Youth Ministry <input type="checkbox"/>
Whispering Pines Kitchen Assistant		Check if applying only for WP Kitchen <input type="checkbox"/>
		Check if applying for both positions <input type="checkbox"/>

Address: _____
 (No. Street / City / State / Zip)

Telephone: (____) _____ - _____ E-mail Address: _____

Social Security # _____ - _____ - _____

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

EDUCATION				
Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma
High School				
College				
Technical or Other				

U.S. MILITARY SERVICE	Branch of Service	From	to
	Rank and Type of Service		
	Training/Experience Received		

EMPLOYMENT HISTORY
 Please provide all employment information for your past employers starting with the most recent.

Employer Name and Address	Position Held
Employer: _____	
Address: _____	Telephone #: (____) _____ - _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	Starting Salary: _____ Ending Salary: _____
Reason for leaving: _____	
Employer: _____	
Address: _____	Telephone #: (____) _____ - _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	Starting Salary: _____ Ending Salary: _____
Reason for leaving: _____	
Employer: _____	
Address: _____	Telephone #: (____) _____ - _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	Starting Salary: _____ Ending Salary: _____
Reason for leaving: _____	
Employer: _____	
Address: _____	Telephone #: (____) _____ - _____
Immediate supervisor and title: _____	
Dates employed: from _____ to _____	Starting Salary: _____ Ending Salary: _____
Reason for leaving: _____	

OTHER SKILLS AND QUALIFICATIONS:

Summarize any job-related training (including computer programs you feel competent using), skills, licenses, certificates, and/or other qualifications:

PERSONAL REFERENCES (Do Not Include Relatives)

Name	Telephone	Address	Occupation	Yrs Known
	() -			
	() -			
	() -			
	() -			

How Were You Referred?

Do You Have Any Relatives Who Are Employed By The Church? Yes No

Please Specify:

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? Yes No

Please Specify:

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

Have you ever been convicted of any offense against the law or are you now under charges for any offense against the law? Yes No. If your answer is yes, please give details. NOTE: A conviction does not automatically mean you cannot be considered for employment. However, any misrepresentations, omissions, or falsifications will result in your application being rejected.

Have you ever been employed by any jurisdiction of the church? Yes No If yes, please state when and where and give the name of your supervisor:

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the First Presidency. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of at least six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature

Date: