



# mca church

## EMPLOYMENT APPLICATION

---

All applicants are considered for all positions without regard to race, color, sex, gender, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws.

By completing this application, you are seeking to join a hardworking team dedicated to **Muldoon Community Assembly and its affiliate's** goals and values. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

<b>Position(s) Applied for</b>		<b>Date of Application</b>	
<b>Print Name (Last, First, &amp; Middle)</b>			
<b>Street Address</b>		<b>City</b>	<b>State</b>
<b>Main Phone Number</b>	<b>Alternate Phone Number</b>	<b>Email</b>	

### **Employment Experience:**

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give organization name and supply business references. Add additional page if necessary.

<b>Name of Employer</b>	<b>Supervisor</b>	<b>May we contact?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Street Address</b>		
<b>Phone Number</b>	<b>Dates Employed (Month/Year)</b>	
	From	To
<b>Job Title and Duties</b>	<b>Reason for Leaving</b>	

<b>Name of Employer</b>	<b>Supervisor</b>	<b>May we contact?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Street Address</b>		
<b>Phone Number</b>	<b>Dates Employed (Month/Year)</b>	
	From	To
<b>Job Title and Duties</b>	<b>Reason for Leaving</b>	

<b>Name of Employer</b>	<b>Supervisor</b>	<b>May we contact?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Street Address</b>		
<b>Phone Number</b>	<b>Dates Employed (Month/Year)</b>	
	From	To
<b>Job Title and Duties</b>	<b>Reason for Leaving</b>	

<b>Have you ever been involuntarily terminated or asked to resign from any job?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Please explain any gaps in your employment history

--

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualification for employment

--

**Education:**

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra-Curricular Activities
High School					
College/ University					
Graduate/ Professiona l School					
Trade School					
Other					

**Business and Professional References:**

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

**Personal References:**

Please list three people who know you well.

Name and Title	Relationship and Years Acquainted	Phone Number or Email

**General Information:**

1. Have you ever used another name?  
 Yes  No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?  
 Yes  No

a. If yes to either of the above, please explain:

---

---

3. Have you ever worked for this organization before?  
 Yes  No

a. If yes, please give dates and position: \_\_\_\_\_

4. Do you have friends and/or relatives working for this organization?  
 Yes  No

a. If yes, name(s) and relationship(s): \_\_\_\_\_

5. On what date are you available to begin work? \_\_\_\_\_

6. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

7. Are you available to work?

- Full-time  Part-time  Shift Work  Temporary

8. Can you travel if the position requires it?

- Yes  No

9. Can you relocate if the position requires it?

- Yes  No

10. Are you at least 18 years old?

- Yes  No

a. Note: If under 18, hire is subject to verification that you are of minimum legal age.

11. If hired, can you present evidence of your identity and legal right to work in the US?

- Yes  No

12. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?

- Yes  No

a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

**Applicant Statement and Agreement:**

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_ I hereby authorize the Organization to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Organization any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_ In the event of my employment with the Organization, I understand that I am required to comply with all rules and regulations of the Organization.

\_\_\_\_ If hired, I understand and agree that my employment with the Organization is at-will, and that neither I, nor the Organization is required to continue the employment relationship for any specific term. I further understand that the Organization or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

\_\_\_\_ I understand that safety of employees is extremely important to the Organization and that the Organization is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

**My signature below attests to the fact that I have read, understand, and agree to all the above terms.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_