

## **Application for Employment**

PUBLISHING		For office use only					
		Attachments	Tests	Danaanal			
		Resume Reference Checks	Wonderlic I Number Pe				
Data of analis	-ti	Interview Questions	Number Se				
General Inform	ation/		Name Findi	ng			
Please Print	lation						
Name Social Security Number							
(Last)	(First)	(Middle Initial)	ii Security Number_				
Phone	Cell	E-mail					
Street Address							
	(City)	(State)	(Zip	))			
Position(s) applied for							
☐ Full-Time ☐ Part-Time ☐ Temporary Date available for work//							
What hourly wage would you require? \$							
If you are 16 or under, can you furnish a work permit? ☐ Yes ☐ No							
Have you filed an application here before? ☐ Yes ☐ No If yes, give date/							
If hired, can you	ı furnish proof that you are le	gally eligible for employment	within the United St	tates?  Yes  No			
Name personal acquaintances in our employ							
Are you a member of a church?   Yes  No What denomination?							
Have you applied at Nazarene International Center?   Yes   No							
Have you applied at Nazarene Theological Seminary? ☐ Yes ☐ No							
Education							
School	Name and location of schoo	Course of study	Did you graduate?	Degree			
High School			Yes 🗌 No 🗌				
College			Yes 🗌 No 🗌				
			Yes 🗌 No 🗌				
Graduate			Yes No No				
			V				

Employment Experience	
Start with your most recent or present job. Include a	all jobs and military service. Use extra pages if necessary.
Employer	Telephone
Address	Employed - (Give month and year)
	From To
Name of Supervisor	☐ Weekly pay ☐ Hourly Rate (Check one)
	Start Last
Job title and work	Status
	Full-Time Part-Time Temporary
Reason for leaving:	· · · · ·
3	
Employer	Telephone
	()
Address	Employed - (Give month and year)
Addiess	From To
Name of Supervisor	☐ Weekly pay ☐ Hourly Rate (Check one)
Name of Supervisor	Start Last
Job title and work	Status
Job title and work	Full-Time Part-Time Temporary
Pageon for logging:	
Reason for leaving:	
Employer	Tolophono
Employer	Telephone
Address	(
Address	Employed - (Give month and year) From To
Name of Companies	
Name of Supervisor	☐ Weekly pay ☐ Hourly Rate (Check one)
Late Colored Late Colored	Start Last
Job title and work	Status
	Full-Time Part-Time Temporary
Reason for leaving:	
Employer	Telephone
	<u>(</u>
Address	Employed - (Give month and year)
	From To
Name of Supervisor	☐ Weekly pay ☐ Hourly Rate (Check one)
	StartLast
Job title and work	Status
	Full-Time Part-Time Temporary
Reason for leaving:	

Skills and Qualifications		,			
Office Skills Typing wpm	☐ Shorthand wpm	☐ Data entry? System			
Adding machine (10 key) Sig	ght 🗌 Touch	☐ Electronic Spreadsheet			
☐ PC ☐ Macintosh Software Programming languages					
Character References					
Name	Occupation	Relationship			
Address		Phone ()			
Name	Occupation	Relationship			
Address		Phone ()			
	·	Relationship			
Address		Phone ()			
whom I have had contact or which not be limited to: former employ attended; credit bureau; motor background investigations.  I agree to release from liability are in any such review and those independent.	ch may have information con byers; business relationsh r vehicles; public record; s my damages The Foundry Pu ividuals, organizations and to the such information is release	be verified by contacting persons and organizations with cerning me. Background screening may include but ips; personal and business references; schools tate and county criminal records; 5-15 year blishing and its agent(s) who conduct and participate neir agent(s) who provide information about me during d without malicious intent. I authorize all persons to riginal, executed document.			
I authorize all past and present employers and educational institutions to release information about my work history and education for use in determining my qualifications for this position.					
of the Nazarene Manual, and und	derstand that if hired I will be	s and regulations of the company and the current Church a "terminable-at-will" employee, and that my employmen nd with or without notice, at any time, at the option of			
	ns. I understand that falsifica	rstand all parts of it and that I have truthfully and ation of any of the information given herein is grounds for may be discovered.			
Printed Name	Signature				
Dated this day of	, 20 at	(place)			
Address					

EMPAPPEF.DOC REVISED 3/99

Social Security Number \_\_\_\_\_



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