



# APPLICATION FOR EMPLOYMENT

To properly evaluate your application, please answer all of the following questions carefully and completely.

WOODMEN VALLEY  
CHAPEL

**Woodmen Valley Chapel**  
290 E. Woodmen Road  
Colorado Springs, CO 80919  
p.719.599.8652 f.719.592.9305

## PLEASE PRINT

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip Code

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone (h) \_\_\_\_\_

Phone (c) \_\_\_\_\_ Phone (w) \_\_\_\_\_ May we contact you at work?  Yes  No

Are you 18 years of age or older? \_\_\_\_\_ If hired, you may be required to submit proof of your age.

When can you start? \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

## POSITION DESIRED \_\_\_\_\_

Are you seeking  FULL TIME or  PART TIME If part time, how many hours? \_\_\_\_\_  
 Regular or  Temporary If temporary, how many hours? \_\_\_\_\_

Minimum Salary Requirements \_\_\_\_\_

Have you worked here before?  Yes  No If yes, when? \_\_\_\_\_

Have you applied here before?  Yes  No If yes, when? \_\_\_\_\_

Are you currently serving as a WVC Ministry Partner?  Yes  No If yes, which ministry? \_\_\_\_\_

If yes, how long? \_\_\_\_\_ Which staff member do you report to? \_\_\_\_\_

Do you have relatives employed at WVC?  Yes  No If yes, name \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license?  Yes  No Driver's license no. \_\_\_\_\_

Have you ever had your driver's license suspended or revoked in the last three years?  Yes  No  
If yes, give details \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Type of school	Name and location	Number of years completed	Major	GPA	Degree obtained	Date of completion
High School Diploma or GED						
College						
Graduate School						
Vocational School or other						

Please list any additional special skills, technical or professional knowledge which you may have:  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** List all of your current and previous positions (paid and unpaid) in chronological order starting with the most recent. Please account for all periods of time including military service and any period of unemployment. Please attach additional sheets as needed **even if you submit a resume.**

1. **Employed** From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact your present employer?                      YES                      NO                      (circle)

2. **Employed** From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. **Employed** From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4. **Employed** From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**ADDITIONAL EMPLOYMENT EXPERIENCE**  
(If needed)

**5. Employed** From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**6. Employed** From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**7. Employed** From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**8. Employed** From \_\_\_\_\_ To \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

***SPIRITUAL BACKGROUND***

Do you attend Woodmen Valley Chapel?  Yes  No If yes, how long? \_\_\_\_\_

Are you a member?  Yes  No If yes, have you taken the Discovery Classes?  I  II  III

If you do not attend WVC, where do you presently attend church? \_\_\_\_\_

Where is your church membership? \_\_\_\_\_

May we contact your pastor as a reference?  Yes  No

Pastor's name \_\_\_\_\_ Phone number \_\_\_\_\_

What does Jesus Christ mean to you?

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Briefly describe how you came to know Jesus Christ as your Savior.

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What are your spiritual gifts?

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How do you presently use your spiritual gifts?

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**OTHER QUESTIONS**

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment *by you*?  Yes  No

If yes, give a short explanation of the complaint. Please indicate the date, nature and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint. (An affirmative answer does not automatically eliminate you from consideration.)

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Have you ever been charged, arrested, or convicted of a felony or misdemeanor?  Yes  No

If yes, give a short explanation of incident. Please indicate the date, nature and place of the incident, the disposition of the allegations, and your employer at the time, including your employer's name, address, and telephone number. (An affirmative answer does not automatically eliminate you from consideration.)

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Have you ever terminated your employment or had your employment terminated or has your employer ever reprimanded you for reasons relating to allegations of physical or sexual abuse or sexual harassment *by you*?  Yes  No

If yes, give a short explanation of the allegations. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time. (An affirmative answer does not automatically eliminate you from consideration.)

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Have you ever been accused, disciplined or terminated from employment (either through dismissal or resignation) for reasons related to an allegation of theft or mishandling of monies or company property?  Yes  No

If yes, was a police report filed?  Yes  No

Please indicate the date, nature and place of the allegations, the disposition of the allegations, and your employer at the time. (An affirmative answer does not automatically eliminate you from consideration.)

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Have you ever seen or reviewed a job description?  Yes  No

Do you understand the job requirements?  Yes  No

Can you perform the job requirements (either with or without reasonable accommodation?)  Yes  No

Please list two professional references (other than those previously listed,) and two personal references:

NAME	PHONE	RELATIONSHIP

**APPLICANT'S DECLARATION, AUTHORIZATION, AND RELEASE**

I understand that WVC is a non-smoking facility and smoking anywhere on WVC property is strictly prohibited. My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize WVC and its agents to verify any information related to my application or resume. I also authorize individuals, schools, employers, and law enforcement or government officials to freely release any information concerning my background, and hereby release any and all of them from any liability for doing so. If WVC employs me, I understand that I will be employed on an at-will basis for an indefinite period of time and that my employer may terminate my employment at any time and for any reason.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

*WVC shall comply with appropriate federal and state laws and regulations prohibiting discrimination on grounds of race, color, gender, national origin, age, or disability.*

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***For Personnel Department Use Only***

First Interview \_\_\_\_\_

Name of Interviewer

Date

Observations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Second Interview \_\_\_\_\_

Name of Interviewer

Date

Observations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed:    \_\_\_\_ YES    \_\_\_\_ NO                      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

Name and Title