



WOODMEN VALLEY
CHAPEL

APPLICATION FOR EMPLOYMENT

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

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?

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

What are your spiritual gifts?

How do you presently use your spiritual gifts?

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.)

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.)

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.)

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.)

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.

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