

SCDC Employment Application

Name:			Social Security Number:	
Address:			Drivers License Number:	
City:	State:	ZIP:	Phone:	Date of Birth:

Emergency Contact Information

Person to Call:			Telephone (daytime):	
Address:			Telephone (evening):	
City:	State:	ZIP Code:	Relationship:	

Position Desired

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Experience

(list most recent first)

Employer:	Date started: Date ended:	Supervisor:	May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone:
Duties:			
Employer:	Date started: Date ended:	Supervisor:	May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone:
Duties:			
Employer:	Date started: Date ended:	Supervisor:	May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone:

Duties:

References

(do not include relatives or previous employers)

Name:	Telephone (daytime):	Relationship to you:
Name:	Telephone (daytime):	Relationship to you:
Name:	Telephone (daytime):	Relationship to you:

Christian Testimony

(we will contact your pastor)

Church you attend:	Pastor's Name:	Telephone:
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Describe your relationship with Jesus Christ:

(Continue in "Other Relevant Information")

How long have you had this relationship with Jesus Christ?

How will you transmit your faith in Jesus Christ to others you serve?

(Continue in "Other Relevant Information")

Education

High School:		Date Graduated:	
College attended (undergraduate):	Major course of study:	Degree received:	Date of graduation:

College attended (graduate):	Major course of study	Degree received:	Date of graduation:

Other Training

List the courses and other training sessions you have taken to prepare you to work in this position. Be prepared to provide us with copies of certificates that evidence this training.

Date: (List most recent first)	Course title:	What did this course cover?
Date:	Course title:	What did this course cover?
Date:	Course title:	What did this course cover?
Date:	Course title:	What did this course cover?
Date:	Course title:	What did this course cover?

List other training you have received such as CPR, First Aid, lifesaving, etc. that prepares you to work in a public service position. Be prepared to provide us with copies of certificates that evidence this training.

Date: (List most recent first)	Course title:	What did this course cover?
Date:	Course title:	What did this course cover?
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Other Relevant Information

Include any other information you believe is relevant to our considering you for a position at SEC.

Employment Verification Form

In accordance with policy and practice, SouthEast Community Church may inquire and verify any information contained on my application or attachments thereto. I understand that my current and former employers may release any information contained in my personnel file or otherwise known by them to SouthEast Community Church in connection with my application for employment with SouthEast Community Church. I specifically release from liability any current or former employers, their agents, representatives, employees, officers, or directors, for giving such information to SouthEast Community Church.

Information Provided By Employee	Information Provided By Former Employer Please make corrections to information provided by employee in this column
Employer:	Employer:
Job Title:	Job Title:
Employment Dates: From ____/____/____ To: ____/____/____	Employment Dates: From ____/____/____ To: ____/____/____
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other
Do you believe you are eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you believe you are eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were any allegations of sexual harassment, workplace violence or other acts of illegal discrimination against you validated during your employment? <input type="checkbox"/> No <input type="checkbox"/> Yes	Were any allegations of sexual harassment, workplace violence or other acts of illegal discrimination against you validated during your employment? <input type="checkbox"/> No <input type="checkbox"/> Yes
On a scale of 1-5, how would you rate your work performance for this employer? <input type="checkbox"/> 5 - Outstanding <input type="checkbox"/> 4 - Above Satisfactory <input type="checkbox"/> 3 - Satisfactory <input type="checkbox"/> 2 - Needed Improvement <input type="checkbox"/> 1 - Unsatisfactory	On a scale of 1-5, how would you rate your work performance for this employer? <input type="checkbox"/> 5 - Outstanding <input type="checkbox"/> 4 - Above Satisfactory <input type="checkbox"/> 3 - Satisfactory <input type="checkbox"/> 2 - Needed Improvement <input type="checkbox"/> 1 - Unsatisfactory
	Are you aware of any information that may affect his/her ability to work effectively? <input type="checkbox"/> Yes <input type="checkbox"/> No

Former Employer - Please Complete this Section
Printed name of person completing this form: _____
Signature: _____
Date: ____/____/____
Title: _____

Employee's Name: _____
Signature: _____
Date: ____/____/____

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Former Employer - Please Complete this Section
Printed name of person completing this form: _____
Signature: _____
Date: ____/____/____
Title: _____

Employee's Name: _____
Signature: _____
Date: ____/____/____

REPLACE THIS PAGE WITH:

**A COPY OF YOUR HIGH SCHOOL DIPLOMA AND POST-HIGH SCHOOL DEGREES
OR CERTIFICATES**

**A COPY OF ALL YOUR TRAINING CERTIFICATES FOR TRAINING TAKEN THE
PAST TWO YEARS**

A COPY OF YOUR CPR AND FIRST AID TRAINING CARDS