

APPLICATION FOR EMPLOYMENT

JOHN KNOX CENTER

591 W. ROCKWOOD FERRY ROAD
TEN MILE, TN 37880
(865) 376-2236 - OFFICE
(865) 376-1719 - FAX
ADMIN@JOHNKNOXCENTER.ORG

POSITION _____

PERSONAL INFORMATION

NAME _____ DATE _____

SOCIAL SECURITY # _____ - _____ - _____ DRIVER'S LICENSE # _____

ADDRESS _____ CITY _____ STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____ BIRTHDAY _____

ARE YOU A US CITIZEN? _____ IF NOT, GIVE VISA # AND EXPIRATION: _____

EDUCATION

HIGH SCHOOL (NAME, CITY, STATE) _____ GRADUATION YR. _____

BUSINESS OR TECHNICAL SCHOOL (NAME, CITY, STATE) _____ GRADUATION YR. _____

COLLEGE (NAME, CITY, STATE) _____ GRADUATION YR. _____

GRADUATE SCHOOL (NAME, CITY, STATE) _____ GRADUATION YR. _____

ADDITIONAL CERTIFICATIONS, LICENSES, ETC. _____

REFERENCES

NAME	PHONE #	E-MAIL ADDRESS	RELATIONSHIP
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1. _____

2. _____

3. _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT LISTED FIRST)

MONTH & YEAR	COMPANY NAME, ADDRESS & SUPERVISOR'S NAME	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM To		()			
FROM To		()			
FROM To		()			

WHICH OF THESE JOBS DID YOU LIKE THE MOST?

WHAT DID YOU LIKE BEST ABOUT THIS JOB?

WHAT ARE YOUR 3 GREATEST STRENGTHS?

WHAT INTERESTS YOU IN WORKING FOR A NON-PROFIT MINISTRY?

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, PLEASE EXPLAIN.

IN CASE OF EMERGENCY NOTIFY:

NAME	CELL PHONE #	HOME PHONE #	RELATIONSHIP
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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. - I AUTHORIZE A COMPLETE BACKGROUND CHECK, INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

SIGNATURE _____ DATE _____

*****BELOW TO BE COMPLETED BY EMPLOYER*****

Interviewed by _____ Date _____

Remarks: _____

Neatness _____ Professionalism _____ Hired? YES NO

Position _____ Wage _____ Date Reporting to Work _____

Approved by: (Supervisor) _____ Executive Director _____