



# North Texas District Council Assemblies of God Application for Employment

## Personal Information

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you over 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Present Address \_\_\_\_\_  
Street
City
State
Zip

Phone Number (    ) \_\_\_\_\_

Referred By \_\_\_\_\_

Have you ever been convicted of any crime(excluding minor traffic violations) including driving while under the influence of alcohol or drugs?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, state the offence, location, and disposition. \_\_\_\_\_

A conviction will not necessarily disqualify you from employment

## Employment Desired

**Department:**      Food Services      Housekeeping      Lifeguard      Maintenance      Office

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

| Education      | Name and Location of School | Last Year Completed | Did you Graduate? | Subjects Studies and Degree(s) Received |
|----------------|-----------------------------|---------------------|-------------------|---|
| High School    |                             | 1 2 3 4             | Yes<br>No         |   |
| College        |                             | 1 2 3 4             | Yes<br>No         |   |
| Trade Business |                             | 1 2 3 4             | Yes<br>No         |   |

## References

Former Employers (List Employers for the last 5 years starting with most recent.)

| Date<br>Month/Year | Name and Phone Number | Salary | Position | Reason for Leaving |
|--------------------|-----------------------|--------|----------|--------------------|
| From<br>To         |                       |        |          |                    |
| From<br>To         |                       |        |          |                    |
| From<br>To         |                       |        |          |                    |

|            |  |  |  |  |
|------------|--|--|--|--|
| From<br>To |  |  |  |  |
| From<br>To |  |  |  |  |

**Personal References (Three people you have known for at least a year that are not relatives.)**

| Name | Phone Number | Co-Worker/Friend | Years Acquainted |
|------|--------------|------------------|------------------|
|      |              |                  |                  |
|      |              |                  |                  |
|      |              |                  |                  |

Physical Record: Do you have any physical condition which may limit your ability to perform the job applied for?  
 \_\_\_\_\_  
 \_\_\_\_\_

In Case of Emergency Call  
 \_\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at anytime without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Do not write below this line

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|             |           |
|-------------|-----------|
| Neatness    | Character |
| Personality | Ability   |

Hired \_\_\_\_\_ For Dept. \_\_\_\_\_ Position \_\_\_\_\_ Full/Part Time \_\_\_\_\_ Will Report \_\_\_\_\_ Wages \_\_\_\_\_