



APPLICATION FOR EMPLOYMENT

National Office
901 Eastern Avenue, NE
PO Box 294
Grand Rapids, Michigan 49501-0294

Qualified applicants are considered for all positions without regard to any legally protected characteristics.

(APPLICANT: PLEASE FILL OUT IN INK IN OWN PRINTING)

Date of application _____ Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Employment Agency Other

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Phone Number _____ Social Security Number _____

Are you at least 18 years of age? Yes No

Have you filed an application here before? Yes No Date _____

Have you ever been employed here before? Yes No Date _____

Do you have legal authorization to work in the United States? Yes No

Are you available to work: Full Time Part Time Shift Work

Are you on lay-off and subject to recall? Yes No

Can you perform the essential function of the job(s) for which you are applying with or without reasonable accommodations?

Yes No

If the position for which you are applying requires driving, please provide:

Driver's License Number _____ What State _____

Date license expires _____ Number of points on record _____

Can you travel if a job requires it? Yes No Do you have any locational restrictions? Yes No

Do you have transportation available for use in business? Yes No

Do any of your friends or relatives work here? Yes No

If yes, list name(s) _____

Have you been convicted of any felony, misdemeanor, or are there any felony charges pending against you? Yes No

If yes, explain _____

EMPLOYMENT EXPERIENCE

List each job held, starting with your present or most recent job. Include any long-term volunteer or other activities that would explain any gaps in employment.

Employer	Dates		Work Performed
	From	To	
Address			
City, State, ZIP			
Phone ()			
Job Title			
	Hrly. Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
City, State, ZIP			
Phone ()			
Job Title			
	Hrly. Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
City, State, ZIP			
Phone ()			
Job Title			
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Employer	Dates		Work Performed
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Address			
City, State, ZIP			
Phone ()			
Job Title			
	Hrly. Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

EDUCATION

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received and Scholastic Standing (grade point average) in High School _____ In College _____				

State any additional information you feel may be helpful to us in considering your application.

APPLICANT STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment, and may result in discipline or dismissal if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment history, including discipline records, and agree to cooperate in such investigation. I authorize Bethany Christian Services to complete a driver's history review or motor vehicle check. I release from all liability and responsibility all persons and employers requesting or supplying such information, and waive any right to notice of such disclosure. Further, to the extent Bethany Christian Services requires a criminal background investigation for any position(s) for which I am applying, I authorize such investigation; I authorize the release of the results of such investigation to Bethany Christian Services; I agree to cooperate with such investigation; and I release from all liability all persons and organizations requesting or supplying such information.

Should I receive a conditional offer of employment, I agree that Bethany Christian Services may require me to submit to a physical, psychological, and/or medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to Bethany Christian Services. I release from all liability and responsibility all persons, employers, and examiners requesting or providing such information, and waive any right to notice of such disclosure.

I hereby give my consent for Bethany Christian Services, through an authorized testing service of its choice, to collect blood, urine, or other samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release Bethany Christian Services from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and other relevant medical information to Bethany Christian Services for appropriate review. If I am accepted for employment by Bethany Christian Services, I hereby consent to be tested in the above manner during my employment when, in Bethany Christian Services' judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with Bethany Christian Services' substance abuse policy is a condition of my employment.

I understand that all employees of Bethany Christian Services are employed on an at will basis. This means that my employment is subject to termination at any time, with or without prior notice, discipline or warning, and with or without cause. No person other than the President of Bethany Christian Services has authority to offer employment for any specified period or to enter into any contract of employment contrary to the foregoing. Moreover, no such agreement by the President of Bethany Christian Services will be enforceable unless it is in writing, pertains specifically to me, and is signed by the President of Bethany Christian Services.

Signature _____ Date _____