



Upper Campus - 256-705-8000  
237 Johns Rd., Huntsville, AL 35806

FORM NUMBER:  
HR-001

## Application for Employment

REVISION: 1

EFFECTIVE DATE:  
July 18, 2022

Lower Campus - 256-705-8300  
375 Mount Zion Rd., Madison, AL 35757

Position(s) Applied For:

Date of Application:

### PERSONAL DATA

Name (last, first, middle)

Street Address and/or Mailing Address

City

State

Zip

Telephone Number (including area code)

Email Address

Date you can start work

Salary Desired

Are you available to work:

Full Time

Part Time

### POSITION INFORMATION

How Did You Learn About Us?

Advertisement

Friend

Walk-in

Website

Relative

Other

Are you a United States Citizen?

*Proof of citizenship or immigration status will be required upon employment*

Yes

No

Have you been convicted of a felony within the last 7 years?

*(Convictions will not necessarily disqualify an applicant for employment.)*

Yes

No

If yes, explain:

Have you ever filed an application with us before?

Yes

No

Have you ever been employed with us before?

Yes

No

**QUALIFICATIONS** Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training. Applicant is required to provide a copy of Diploma or Final Transcripts of all degrees held.

Name and Location of School

Major Courses

GPA

Degree

### HONORS, AWARDS, OR PUBLICATIONS

**REFERENCES** Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name

Address/City/State

Phone

Relationship

**WORK HISTORY** Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

<b>Job Title #1</b>	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer?      Yes       No       N/A

<b>Job Title #2</b>	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

<b>Job Title #3</b>	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

<b>Job Title #4</b>	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days, and applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

In the event of any false or misleading statements, the Employee may be held responsible for any damages incurred by the company as a result of such statements.

Do you agree with our Doctrinal Basis as found on the school website, <https://wca-hsv.org/doctrinal.php>?      Yes                      No

Please briefly describe your relationship with Jesus Christ and how it impacts your life:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date