

GENERAL EMPLOYMENT APPLICATION

FIRST ASSEMBLY OF GOD LIFE CENTER/LIFE CHRISTIAN SCHOOL/ LIFE MANOR RETIREMENT COMMUNITY

1717 S. Union Ave
Tacoma, WA 98405
(253) 756-5300 FAX (253) 761-9799

SOCIAL SECURITY NO. _____

NAME: _____
Last First MI Nick Name

ADDRESS: _____
Street City State Zip

HOME PHONE: (____) _____ WORK PHONE: (____) _____ EMAIL _____

POSITION APPLYING FOR: _____ FULL TIME PART TIME

PRESENT SALARY: _____ EXPECTED SALARY: _____ Will you be able to perform the essential functions of the job, with or without reasonable accommodations? Yes No

DATE YOU ARE ABLE TO START WORK: _____

ARE YOU WILLING/ABLE TO WORK? Days Evenings Nights Weekends On-Call

Is there any reason you might be unable to meet our attendance requirements? Yes No

If yes, please explain _____

| | |
|--|--|
| Have you been convicted of a felony Or misdemeanor?* If so, explain _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a U.S. Citizen or legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *A "yes" answer will not necessarily bar applicant from employment | Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you on layoff status or subject to recall elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No | If hired, how long do you plan to continue working for the organization? _____ |
| If applying for a job that requires one, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you previously applied with us? When? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you previously worked with us? When? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | Are any of your records under a different name? If so, what name? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any relatives working for us? If so, who? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IN CASE OF EMERGENCY CALL: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Name Phone # Relationship </div> | |

TRAINING:

High School: _____
Name City State Diploma Year

Business/Vocational: _____
Name City State Diploma Year

College/University: _____
Name City State Diploma Year

Are you taking or do you plan to take any additional education? Yes No If yes, what? _____

EXPERIENCE WHICH YOU FEEL HAS TRAINING VALUE:

PERSONAL REFERENCES

| Name | Address | Phone | Relationship | Known for how long? |
|------|---------|-------|--------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT HISTORY: List most recent experience first; including military and volunteer experience.

| | | | |
|------------------|--------------------|-------|------------|
| EMPLOYER | ADDRESS | PHONE | SUPERVISOR |
| POSITION | DESCRIBE DUTIES | | |
| EMPLOYMENT DATES | REASON FOR LEAVING | | |
| EMPLOYER | ADDRESS | PHONE | SUPERVISOR |
| POSITION | DESCRIBE DUTIES | | |
| EMPLOYMENT DATES | REASON FOR LEAVING | | |
| EMPLOYER | ADDRESS | PHONE | SUPERVISOR |
| POSITION | DESCRIBE DUTIES | | |
| EMPLOYMENT DATES | REASON FOR LEAVING | | |

PLEASE READ EACH OF THE FOLLOWING ITEMS CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION:

- I CERTIFY** that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.
- I AUTHORIZE** Life Center/Life Christian School & Academy/Life Manor to investigate information concerning my previous employment and education. I further authorize those persons and companies referenced above to provide information to Life Center, and I hereby release such parties from all liability for any damage that may result from furnishing such information. I authorize Life Center/Life Christian School & Academy/Life Manor to request a copy of my credit report from the credit bureau.
- I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of Life Center/Life Christian School & Academy/Life Manor or myself. I also understand that no representative of Life Center, other than the Senior Pastor, has authority to enter into any agreement contrary to the foregoing.
- I UNDERSTAND** that all Life Center/Life Christian School & Academy/Life Manor property must be returned in good condition and any indebtedness to the church or school must be paid on or before my last day of work. I authorize Life Center/Life Manor to deduct from my final paycheck any amount necessary to satisfy any unpaid obligation.

SIGNATURE OF APPLICANT _____ **DATE** _____

UNEMPLOYMENT NOTICE

(Life Center and Life Christian Applicants ONLY)

Pursuant to the Employment Security Department of the State of Washington and RCW 50.44.010, Life Center & Life Christian School/Academy is exempt from having to pay unemployment insurance tax.

Due to this exemption, unemployment benefits are not available to you upon leaving the employment of Life Center Church or Life Christian School/Academy.

Acknowledged:

Applicant Name

Applicant Signature

Date

Life Center, Life Christian School/Academy & Life Manor provides equal employment opportunities to all employees and applicants for employment without regard to race, color, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with applicable federal laws. In addition, Life Center, Life Christian School/Academy & Life Manor complies with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

CONFIDENTIAL PRE-EMPLOYMENT INFORMATION

The information below is being requested on a **voluntary** basis. It will, to the extent allowed by law, be kept confidential. Failure to provide the information requested here will not jeopardize or adversely affect any consideration you may receive for employment.

Military Service

US Military? Yes No If Yes, what Branch? _____
Are you? A special disabled veteran Vietnam Era Veteran Other eligible veteran

Race/Ethnic Origin

African American (not of Hispanic origin) American Indian/Alaskan Native
 Asian/Pacific Islander Caucasian (not of Hispanic origin)
 Hispanic

Sex: Male Female Age: under 18 years 18-39 years 40 & over

OFFICE USE ONLY

Appointment Date: _____ Time: _____ Interviewed by: _____

Employ: _____ Candidate: Strong Average

Comments: _____ Do not consider

Position: _____

Effective Date: _____

Days/Year: _____ Hrs./Day: _____