

Application for Employment

Free Sacred Trinity Church (“FSTC”)

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. However, we are a drug-free and smoke-free workplace. FSTC may use the information given in the application to investigate the applicant's previous employment and background.

The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.

Directions: You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. If you do not have all information with you at this time (date, telephone numbers, addresses, etc.), please keep this application and return it when it is completed. **PLEASE PRINT.**

Personal Information

Date____/____/____

Position for which you are
applying:_____

Name

Last	First	Middle
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Other Name(s) Used:

Last	First	Middle
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Current Address:

Number & Street Name	From - To Residence Dates
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City	State	Zip Code
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Personal Information

**Previous Addresses for
the last 7 years:**

**(Attach a separate
sheet if necessary)**

Number & Street Name

From - To
Residence Dates

City

State

Zip Code

Number & Street Name

From - To
Residence Dates

City

State

Zip Code

Number & Street Name

From - To
Residence Dates

City

State

Zip Code

Phone Numbers:

Home

Work/Ext.

Other

Email Address:

**Were you a member of
the U.S. Armed Forces?**

☐ yes ☐ no Branch: _____

Date of Duty from _____ to _____

**Type of
Separation/Discharge**

Employment Desired

Date you can start:	Salary Desired:	
Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no	If so, may we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever applied to FSTC? <input type="checkbox"/> yes <input type="checkbox"/> no	When?	Where?
Have you been employed with us before? <input type="checkbox"/> yes <input type="checkbox"/> no	When?	Position:
Are you related to a current employee? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please write the name of the employee. _____	
How did you hear about this position?	<input type="checkbox"/> Indeed <input type="checkbox"/> ZipRecruiter <input type="checkbox"/> Craigslist	<input type="checkbox"/> Business Associate/ Friend <input type="checkbox"/> Other:
Can you travel if a job requires it? <input type="checkbox"/> yes <input type="checkbox"/> no		

Professional Certifications

Please list all licenses or certificates you have (attach a separate sheet if necessary):

Type	Issuing Agency & State	Number	Initial Issue Date	Expiration Date

Education

	High School/GED	Undergrad. Education	Graduate or Professional Education	Other (Trade School, etc.)
Name & Address & Phone	<div>_____</div> <div>_____</div> <div>Phone: _____</div>	<div>_____</div> <div>_____</div> <div>Phone: _____</div>	<div>_____</div> <div>_____</div> <div>Phone: _____</div>	<div>_____</div> <div>_____</div> <div>Phone: _____</div>
Last year attended	<div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>9 10 11 12</div>	<div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>1 2 3 4</div> <div>Major: _____</div> <div>Minor: _____</div>	<div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>1 2 3 4</div> <div>Major: _____</div> <div>Minor: _____</div>	<div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>1 2 3 4</div>
	<div>Graduate?</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div>If not, do you have an equivalency certificate (e.g., GED)?</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div>	<div>Graduate?</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div>_____ G.P.A</div> <div>Degree/ Course of Study: _____</div>	<div>Graduate?</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div>_____ G.P.A</div> <div>Degree/ Course of Study: _____</div>	<div>Graduate?</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div>Degree/ Course of Study: _____</div>
Foreign Language(s)	<div>1 _____</div> <div>2 _____</div>	<div><input type="checkbox"/> Speak</div> <div><input type="checkbox"/> Speak</div>	<div><input type="checkbox"/> Write</div> <div><input type="checkbox"/> Write</div>	<div><input type="checkbox"/> Read</div> <div><input type="checkbox"/> Read</div>

List Specialized Skills, Training, Apprenticeships and extra-curricular activities:

Employment History

Directions: Start by listing your most recent job. Include any job-related military service assignments and volunteer activities.

Employer's Name	_____
Address	_____
State and Zip Code	_____
Phone Number	_____
Employment Dates	from _____ to _____
Job Title	_____
Work Performed	_____ _____ _____
Supervisor's name	_____
Reason for leaving	_____
May we contact employer:	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____

Employer's Name	_____
Address	_____
State and Zip Code	_____
Phone Number	_____
Employment Dates	from _____ to _____
Job Title	_____
Work Performed	_____ _____ _____
Supervisor's name	_____
Reason for leaving	_____
May we contact employer:	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____

Employer's Name	_____
Address	_____
State and Zip Code	_____
Phone Number	_____
Employment Dates	from _____ to _____
Job Title	_____
Work Performed	_____ _____ _____
Supervisor's name	_____
Reason for leaving	_____
May we contact employer:	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____

Employment History (Continued)

Employer's Name & Address _____	
Phone Number	_____
Employment Dates	from _____ to _____
Job Title	_____
Work Performed	_____ _____ _____
Supervisor's name	_____
Reason for leaving	_____
May we contact employer: <input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____	

Employer's Name & Address _____	
Phone Number	_____
Employment Dates	from _____ to _____
Job Title	_____
Work Performed	_____ _____ _____
Supervisor's name	_____
Reason for leaving	_____
May we contact employer: <input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____	

If more space is needed, please attach a separate sheet of paper.

General Information

If you are under age 18, can you provide proof of your eligibility to work?

☐ yes ☐ no

Are you legally eligible to work in the United States?*

☐ yes ☐ no

Have you ever been fired from a job?

☐ yes ☐ no

If so, please explain:

Termination
Date:

Do you smoke?

☐ yes ☐ no

Are you a Christian?

☐ yes ☐ no

Are you actively practicing your faith?

☐ yes ☐ no

Do you have any issues with adhering to the following creed?

☐ yes ☐ no

The Free Sacred Trinity Church is a religious organization based on the Judeo-Christian traditions. Through the establishment of Holistic Health Centers, as missions of the church, FSTC promotes spiritual and physical healing through the teachings about mind, body, and spiritual beliefs as stated in the Bible. We believe in serving all humanity through the teachings of the Father, Son and Holy Ghost. Within the church, we follow a way of spiritual growth and development, becoming whole in theological discipline, seeking the Holy Spirit within. We believe that each of the faithful of the church is following a pathway provided by our Heavenly Father. From many different and varied faiths and religious experiences, from all histories and traditions, we learn from one another. We believe that each of the faithful seeks oneness with God. We seek the union of all with the Lord Jesus Christ.

*All new hires must produce proof of identity and employment eligibility upon hire in accordance with the Immigration Reform and Control Act.

Professional References

Directions: List professional references that know your work. Do not include personal references.

Name of Person	Organization Name and Address	Position Held	Phone Number	Number of Years Known

Authorization

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 Agree ☐ I Disagree

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release FSTC from all liability for any damage that may result from utilization of such information.

☐ I Agree ☐ I Disagree

I also understand and agree that no representative of FSTC has any authority to enter into any agreement for employment for any specified period of time, or make any agreement to the contrary to the foregoing, unless it is in writing and signed by an authorized FSTC representative.

☐ I Agree ☐ I Disagree

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American's with Disabilities Act (ADA) and other relevant federal and state laws.

☐ I Agree ☐ I Disagree

Signature: _____

Date: _____