

Application for Employment

Foothills Congregational Church
(FCC)
461 Orange Avenue
Los Altos, CA 94022

An Equal Opportunity Employer

FCC is an equal opportunity employer. As such, we do not discriminate on the basis of race, color, creed, gender, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation, veteran status, or any other class protected by federal, state or local law.

Position(s) applied for: _____

Date of Application: _____

Please complete the application in full and answer all questions completely. Type or print legibly. Indicate N/A if not applicable. Do not indicate "See Resume." A resume may be attached to provide additional information. Incomplete applications may not be given consideration for employment.

Personal Information

Name: _____
Last First Middle

Present Address: _____
No. Street City State Zip

Permanent Address: _____
(if different from present) No. Street City State Zip

Telephone No.: _____ Social Security No.: _____

Driver's License No.: _____ Email Address: _____

Have you previously been employed by or applied for employment with FCC? Yes No

If yes, when? _____

Do you have any friends or relatives currently working for (or members of) FCC? Yes No

If yes, state name(s), relationship: _____

Have you ever used another name while working or attending school? Yes No

If yes, state name(s): _____

What days and hours are you available for work? _____

If applying for temporary work, what days/times will you be available? _____

Are you available to work Sundays? Yes No Week days (if necessary)? Yes No

If hired, what date can you start on? _____ Salary Desired: _____

If hired, do you have a reliable means of transportation to and from work? Yes No

Are you currently authorized to work in the U.S.? Yes No *As required by federal law, FCC will only hire individuals authorized to work in the United States. All new employees are required to complete an "Employment Eligibility Verification Form" (Form I-9) and produce requested documentation within three days of beginning employment.*

Are you able to perform the essential functions of the position for which you are applying either with or without a reasonable accommodation? Yes No

Have you ever been convicted by verdict, or plea of guilty or no contest, of a misdemeanor or felony? *(Exclude any sealed or expunged convictions and any misdemeanor conviction for a marijuana related offense. Conviction will not necessarily disqualify you for employment.)* Yes No

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case: _____

Education, Training, and Experience
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School	Name and Address	No. of Years Completed	Did you Graduate?		Degree or Diploma
High School	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
College/University	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
College/University	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Vocational/Business	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work with FCC?

Employment History

Beginning with your most recent or present job, list all employment in the last 10 years, including reasons for any gaps in employment. Please do not substitute a resume for this section. Use Supplemental sheets if necessary.

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Dates/Salary Information

Job Duties/Employer Information

Date Started _____
mo/yr

Job Title _____

Date Left _____
mo/yr

Description of Duties _____

Salary _____

Supervisor's Name _____

Company Name/Address _____

Supervisor's Phone Number _____

Reason for Leaving _____

May we contact? Yes

No

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Dates/Salary Information

Job Duties/Employer Information

Date Started _____
mo/yr

Job Title _____

Date Left _____
mo/yr

Description of Duties _____

Salary _____

Supervisor's Name _____

Company Name/Address _____

Supervisor's Phone Number _____

Reason for Leaving _____

May we contact? Yes

No

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Dates/Salary Information

Job Duties/Employer Information

Date Started _____
mo/yr

Job Title _____

Date Left _____
mo/yr

Description of Duties _____

Salary _____

Supervisor's Name _____

Company Name/Address _____

Supervisor's Phone Number _____

Reason for Leaving _____

May we contact? Yes

No

41**Dates/Salary Information****Job Duties/Employer Information**Date Started _____
mo/yr

Job Title _____

Date Left _____
mo/yr

Description of Duties _____

Salary _____

Supervisor's Name _____

Company Name/Address _____

Supervisor's Phone Number _____

Reason for Leaving _____

May we contact? Yes No Have you been involuntarily terminated or requested to resign from any position? Yes No

If yes, please explain:

References

List below three persons you have known at least one year. Do not list relatives. If applying for a management or supervisory position, please list an individual you have managed and two peer managers who've worked with you for at least one year and were not named elsewhere on this application.

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Name: _____

Address: _____
No. Street City State Zip

Occupation: _____

Telephone No.: _____ Number of years
Acquainted: _____**2**

Name: _____

Address: _____
No. Street City State Zip

Occupation: _____

Telephone No.: _____ Number of years
Acquainted: _____**3**

Name: _____

Address: _____
No. Street City State Zip

Occupation: _____

Telephone No.: _____ Number of years
Acquainted: _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Foothills Congregational Church (the "Employer") to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the Company any and all letters, reports, and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release FCCC, the Company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure.

During the application process and at anytime during the tenure of my employment/volunteer work with Foothills Congregational Church ("FCC"), I have been advised that FCC will conduct a criminal history background check. I authorize FCC, through its agent Choice Point WorkPlace solutions, Inc. to conduct a background check which may include investigation of my employment history, educational background, criminal history, military records and department of motor vehicles record. I understand that I may receive additional information about the nature and scope of the background check by submitting a written request.

I understand that FCC may deny me employment or an opportunity to be a volunteer if it receives information that is considers unfavorable. I also understand that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteer work.

I understand that nothing contained in the application or conveyed during any interview that may be granted is intended to create an employment contract between the Employer and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at will by me or the Employer at any time, with or without prior notice, and with or without cause. I also understand that the Employer may, in its discretion, change any term of employment, including job assignments, compensation and benefits. I further understand and agree that no promises or representations contrary to the foregoing are binding on the Employer unless made in writing and signed by me and Foothills Congregational Church.

I have read this release and consent form and understand all of it terms. I sign it voluntarily and with full understanding of its significance.

Applicant's Signature

Date

Print Name

Date of Birth