

6000 Atlanta Highway / Montgomery, AL 36117 / 334-272-8622

APPLICATION FOR EMPLOYMENT

All applicants will be considered for positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally-protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. Failure to do so may affect your candidacy for employment.

PLEASE TYPE OR PRINT LEGIRLY

Position(s) Applied for (be specific)	Date of Application	How Did You F	Hear of Position
Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Home: ()	Work: ()	Cellular: ()	
Email Address: (1)	(2)		
If you are under 18 years of age, can you	provide required proof of your eli	gibility to work?	Yes No
Have you ever applied for work with Fra			Yes No
If YES, When/Where? Do you have any friends or relatives in o Name(s):	ur employ?		Yes No
If hired, can you provide proof of author	ization to work in the United States	s?	Yes No
To your knowledge, do you have any lim you are applying?	uitation on your ability to perform t	he duties of the job for which	Yes No
Are you currently employed?	No If YES, may we conta	act your current employer?	Yes No
Are you available for work: Full Ti	me Part Time Temporary driver's license?	,	Yes No
Have you ever pled "guilty" or "no conto	est", or been convicted of a felony	or misdemeanor?	Yes No

EMPLOYMENT EXPERIENCE

YOU MUST COMPLETE THIS SECTION EVEN IF YOUR RESUME IS ATTACHED.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or any other legally protected status.

Employer		Date Employed From To	Hourly Rate/Salary Start End
Address			
Contact Phone		Reason for Leaving	Summary of Duties
Job Title			
Supervisor Name	Supervisor Title		
Employer		Date Employed From To	Hourly Rate/Salary Start End
Address			
Contact Phone		Reason for Leaving	Summary of Duties
Job Title			
Supervisor Name	Supervisor Title		
Employer		Date Employed From To	Hourly Rate/Salary Start End
Address			
Contact Phone		Reason for Leaving	Summary of Duties
Job Title			
Supervisor Name	Supervisor Title		
Employer		Date Employed From To	Hourly Rate/Salary Start End
Address			
Contact Phone		Reason for Leaving	Summary of Duties
Job Title			
Supervisor Name	Supervisor Title		

Employer		Date En	nployed To		Hourly Rate Start	e/Salary	End
Address							
Contact Phone		Reason	Reason for Leaving		Summary of Duties		
Job Title							
Supervisor Name	Supervisor Title						
EDUCATION	If you need a	dditional	space, please continue or	n a separate	sheet of pap	er.	
	Name and Cit	y of	Course of Study	Years 0	Completed		Diploma/Degree
High School							
Vocational or Technical							
College							
Other (specify)							
SPECIALIZED SEPPLEMENT SPECIALIZED S							
REFERENCES	Phone # and A	ddress		Yea	rs	Relatio	onship
	Thone want 1			Kno	own	retuti	onsinp
Name							
Name							
Name							
Name							

For positions where driving for the company is required:				
License Number:	State:			
Number of moving violations in the last 5 years:	State:			
Number of accidents in the last 5 years:	Has your license been revoked in the last 5 years?			
Please add any additional information you feel may	be helpful to us in considering your application:			

APPLICANT'S STATEMENT

Please read carefully and sign where indicated. UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED

I declare under penalty of perjury that the facts contained in this application are true and complete to the best of my knowledge. I understand that any material omission and/or false or misleading information given in my application (and accompanying resume, if any) may disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I authorize any person, school, current employer (except as expressly noted), past employer(s), and organization named in this application form (and accompanying resume, if any) to provide Frazer Church with relevant information and opinions that may be useful in making a hiring decision. I understand that as a condition of employment, a physical examination, a post-offer, pre-hire drug screen and criminal background investigation may be conducted. I release all parties from all liability for any damage that may result from furnishing information and opinions to you.

I agree to immediately notify Frazer Church if I should be convicted of any crime while my job application is pending or during my period of employment, if hired.

I agree that if hired, my employment and compensation is at will and may be terminated with or without cause, and with or without notice, at any time at the option of myself or Frazer Church. I agree that no agreement which is contrary to this at-will employment relationship shall be effective unless it is contained in a specific, express written contract which is signed by the Administrator of Frazer Church and me.

I understand that this application remains current for only 60 days. At the conclusion of that time, If I have not heard from the employer and still wish to be considered for reemployment, it will be necessary to reapply and fill out a new application.

I understand that any employment offer is conditioned upon satisfactory proof of my identity and legal ability to work in the United States in accordance with the Immigration Reform and Control Act of 1986 and its amendments.

If employed, I understand that as a condition of employment, no employee may use, possess, distribute, manufacture, dispense, or sell alcohol or any illegal drug while on the property of Frazer Church or anyone, while on duty, while in Frazer services or missions, or while operating a vehicle while performing work for Frazer Church.

Although management makes every effort to accommodate individual preferences, work needs may at times make the following conditions mandatory: overtime, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. I understand that this is an application for employment and that no employment contract is being offered, and that if I am employed, such employment is for no definite period of time and that Frazer Church can change wages, benefits, and conditions at any time.

I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the Staff-Parish Relations Committee. If hired, I agree to abide by all rules and policies of the employer.

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, that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I have read, understand, and accept all the above statements above.	
Signature of Applicant	Date

This document is the property of Frazer Church and may not be removed from the premises or duplicated without express written authorization.