



NEW LIFE CHURCH

3592 Flat Shoals Road
 Decatur, GA 30034
 (770)322-6262 (770)322-0554 fax

Please Print Clearly

PERSONAL INFORMATION

Last Name	First Name	Middle	Social Security No.
Present Address		City	State Zip
Telephone Number	Home ()	Alt. Number ()	Best time to contact you:

EMPLOYMENT DESIRED

Position	Date Available to Start	Salary Desired \$
How did you learn about this position?	Are you currently employed? Yes NO	If so, may we contact you present employer? YES NO
What prompted you to seek employment with New Life Church?		
Are you prevented from lawfully becoming employed in this country because of immigration status? () YES () NO		
PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON NOTIFICATION OF EMPLOYMENT		
Are you available to work () Full Time () Part time () Shift Work () Temporary	Can you travel if the job required it? () YES () NO	
Have you ever been convicted of any criminal offense? () Yes () No		
If yes, please explain _____		

EDUCATION

	Name and Location	Course(s) Taken		Years Attended	Did You Graduate?
HIGH SCHOOL					
COLLEGE Major Degree		Major	Degree		
SEMINARY/BIBLE COLLEGE					
BUSINESS OR PROFESSIONAL TRADE SCHOOL					
OTHER					

SKILLS/TRADES

List any specialized training, apprenticeship, skills and extra-curricular activities that are applicable to the position for which you are applying

 List Professional, Trade, Business, or Civic Activities and Offices Held _____

Are you a licensed or ordained minister? **YES NO** If so, by whom? _____

PAST EMPLOYMENT – Begin with most recent position

Company Name and Address	From Mo. Yr.	To Mo. Yr.	Starting Salary	Ending Salary	Reason for Leaving
List position and briefly describe duties performed:					
Telephone:					
Supervisor:					
Company Name and Address	From Mo. Yr.	To Mo. Yr.	Starting Salary	Ending Salary	Reason for Leaving
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List position and briefly describe duties performed:					
Telephone:					
Supervisor:					

If you need additional space, please continue on a separate sheet of paper

REFERENCES Give below the names of three persons not related to you whom you have known for at least one year

Name	Address	Phone No.	No. of Yrs. 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 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 the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of New Life Church has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by the Business Administrator.

SIGNATURE _____

DATE _____