

**Trinity Episcopal Church**  
469 NW Wall St., Bend OR 97701  
541-382-5542 Phone 541-382-5803 Fax

**EMPLOYMENT APPLICATION**

**Instructions:** Please complete all of the questions accurately and fully. Attach additional sheets if needed.

Today's date: \_\_\_\_\_

**Personal Data**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at current address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you have a valid Oregon Driver's License?  Yes  No

Social Security number: \_\_\_\_\_

Are you legally eligible to work in this country?  Yes  No

*Note: If you are chosen for a paid position, you will be required to show documents verifying your employment eligibility and identity to complete the INS form I-9 as required by the Immigration Reform and Control Act.*

If you have lived at your present address less than 5 years, please list addresses of last 5 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what position are you applying? \_\_\_\_\_

**Please provide a current resume with this application.**

**Employment History** (Please complete for your last 3 employers)

Current Employer: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving Position: \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Immediate Supervisor's Name: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving Position: \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Immediate Supervisor's Name: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving Position: \_\_\_\_\_

**Volunteer Experience** *(Optional)*

*If you include volunteer experience, please list all experience working with children or youth.*

Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_

Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_

Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates: From \_\_\_\_\_ to \_\_\_\_\_

**Educational History**

Name of Last School attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of School: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Name of program or degree \_\_\_\_\_

Completed? \_\_\_\_ Yes \_\_\_\_ No

Additional Degrees or Certificates: \_\_\_\_\_

\_\_\_\_\_

**Professional/Civic References** *(Please provide three)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Personal References** *(Please provide two)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Existence of a criminal record is not an automatic bar to employment. Consideration will be given to the nature of the position being sought, specific offense, your age at the time of the offense, the period of time which has elapsed since the commission of the offense and any extenuating circumstances. (\*Arrests without convictions need not be reported.)

Have you ever been convicted of a misdemeanor or felony (other than a traffic violation or convictions for marijuana offenses in violation of Health and Safety Code sections 11357 (b) or (c), 11364, 11356, or 11550 that are more than two years old?  Yes  No

If yes, please give date, place of conviction and explain circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult?

Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize a thorough investigation of my prior employment, educational background, criminal record, and where applicable to a position, credit check and/or driving record. I agree to cooperate in such an investigation, to execute any consent forms required in connection with those investigations, and to release from all liability and responsibility all persons or entities requesting or supplying such information. I understand that employment is conditional based on investigation results and results of drug testing.

I certify that statements made on the application, on a resume, attachments hereto, or other supplementary materials provided by me are full and complete statements of the facts. I understand that false, misleading or omitted information can result in refusal of employment or termination in cases where erroneous information is discovered after employment has begun. I understand that if I am offered employment and accept, this employment application form becomes part of the terms and conditions of employment.

I understand that employment is contingent on supplying of documents for Employment Eligibility Verification.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Persons with disabilities requiring accommodations for interviews may direct their requests to the office at the time an interview is scheduled.