

Christian Shelter in Salisbury, Md

A temporary emergency shelter providing safe shelter, nutritous meals, practical and spiritual direction, and the life-changing Good News of Jesus Christ to people in crisis.

Application for Employment

Revision date: March 12, 2019

This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the Shelter Administrator. Christian Shelter is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applications be given equal opportunity and that selection decisions be based on job-related factors.

| Date of Application: | | | |
|---------------------------------|---------------------------|----------------------------|----------------------|
| Applicant Name: | | | |
| Address: | First | Middle | Last |
| Address: Zip Code | City | State | |
| Previous or Maiden Name: | | Social Security #: | |
| Driver's License #: | Email <i>A</i> | Address: | |
| Telephone Number: | | Alternate Phone: | |
| Employment Position Position | n(s) applying for: | | FT[] PT[] |
| How did you hear about this p | osition? | | |
| On what date can you start wo | | | |
| Do you have reliable transpor | tation to and from work | c? | * |
| | Personal | <u>Information</u> | |
| Have you ever applied to or w | vorked for Christian She | elter before?[]Yes []1 | No |
| If yes, when? | | | |
| Do you have any friends, rela | tives, or acquaintances | working for Christian Shel | lter? [] Yes [] No |
| If yes, state name & relationsl | າip: | | |
| Are you 18 years of age or old | ler?[]Yes[]No | | |
| Are you a U.S. Citizen? [] Y | es []No | | |
| Will you consent to a mandate | ory controlled substance | e test? [] Yes [] No | |
| Do you have any condition w | nich would require job a | accommodations? [] Yes | [] No |
| If yes, please describe accomm | nodations required: | | |
| Have you ever been convicted | l of a criminal offense (| felony or misdemeanor)? | [] Yes [] No |

| (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.) Job Skills/Qualifications | If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: |
|--|---|
| Please list skills and qualifications you possess for the position for which you are applying: | The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applies |
| Please Note: It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional. Education and Training Experience | Job Skills/Qualifications |
| Education and Training Experience High School Name: Location: City State Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: Location: Name City State Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: Location: Name City State Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: Location: Name City State Vocation School: Location: Name City State Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: Degree Earned: Did you Graduate: [] Yes [] No Year Graduated: Degree Earned: Did you Graduate: [] Yes [] No Year Graduated: Degree Earned: Did you Graduate: [] Yes [] No Year Graduated: Degree Earned: Did you Graduate: [] Yes [] No Year Graduated: Degree Earned: Degree Earned: Did you Graduate: [] Yes [] No Year Graduated: Degree Earned: Degree Earned: Did you Graduate: [] Yes [] No Year Graduated: Degree Earned: Deg | Please list skills and qualifications you possess for the position for which you are applying: |
| High School Name: Location: City State Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: College/University: Location: Name City State Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: Degree Earned: Location: Name City State Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: Degree Earned: Did you Graduate: [] Yes [] No Year Graduated: | |
| Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: College/University: Location: Name | Education and Training Experience |
| Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: College/University: Location: Name | High School Name: Location: |
| Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: Degree Earned: Location: Location: Name | |
| Degree Earned: | College/University: Location: Name City State |
| Vocation School: Location: | Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: |
| Name City State Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: Degree Earned: | Degree Earned: |
| Degree Earned: | |
| | Number of years completed: Did you Graduate: [] Yes [] No Year Graduated: |
| | Degree Earned: |
| | |
| | |

Are you a member of the Armed Services? [] Yes [] No

| Military rank when discharged:Years served in the military: | Branch of the military: | Honorable Disch | arge? [] | Yes [] No | | |
|--|--------------------------------|-------------------------------|-----------|-----------|--|--|
| Employer/Company: Job Title: Supervisor Name: Employer Address: CityStateZip Code: Employer Telephone: Dates Employed: Employer/Company: Job Title: Supervisor Name: Employer Address: CityStateZip Code: Employer Address: City_StateZip Code: Employer Telephone: Dates Employed: Employer/Company: Job Title: Supervisor Name: Employer/Company: Job Title: Supervisor Name: Employer/Company: Job Title: Supervisor Name: Employer Address: CityStateZip Code: Employer Telephone: Dates Employed: Employer Address: Dates Employed: | Military rank when discharged: | Years served in the military: | | | | |
| Job Title: Supervisor Name: Employer Address: Employer Telephone: Reason for leaving: Employer/Company: Job Title: Supervisor Name: Employer Address: Employer Address: Employer Address: Employer Telephone: Dates Employed: Employer Address: Employer Telephone: Dates Employed: Employer/Company: Job Title: Supervisor Name: Employer/Company: Job Title: Supervisor Name: Employer Address: Dates Employed: Employer Address: Dates Employed: Employer Felephone: Dates Employed: Employer Address: Dates Employed: | Current/Previous Employment | | | | | |
| Job Title: Supervisor Name: Employer Address: Employer Telephone: Reason for leaving: Employer/Company: Job Title: Supervisor Name: Employer Address: Employer Address: Employer Address: Employer Telephone: Dates Employed: Employer Address: Employer Telephone: Dates Employed: Employer/Company: Job Title: Supervisor Name: Employer/Company: Job Title: Supervisor Name: Employer Address: Dates Employed: Employer Address: Dates Employed: Employer Felephone: Dates Employed: Employer Address: Dates Employed: | Employer/Company: | | | | | |
| Supervisor Name: Employer Address: Employer Telephone: Dates Employed: Reason for leaving: Employer/Company: Job Title: Employer Telephone: Dates Employed: Employer Address: City State Zip Code: Employer Telephone: Dates Employed: Employer/Company: Job Title: Supervisor Name: Employer/Company: Dates Employed: Employer/Company: Job Title: Supervisor Name: Employer Address: City State Zip Code: Employer Telephone: Dates Employed: | | | | | | |
| Employer Telephone: | | | | | | |
| Reason for leaving: Employer/Company: Job Title: Supervisor Name: Employer Address: City State Zip Code: Employer Telephone: Dates Employed: Employer/Company: Job Title: Supervisor Name: Employer Address: City State Zip Code: Dates Employed: Employer/Company: Dob Title: Supervisor Name: Employer Address: Dates Employed: | Employer Address: | City | _ State | Zip Code: | | |
| Employer/Company: Job Title: Supervisor Name: Employer Address: City State Zip Code: Employer Telephone: Reason for leaving: Employer/Company: Job Title: Supervisor Name: Employer Address: City State Zip Code: Employer/Company: Job Title: Supervisor Name: Employer Address: Dates Employed: Employer Telephone: Dates Employed: | Employer Telephone: | Dates Employed: _ | | | | |
| Job Title: Supervisor Name: Employer Address: City State Zip Code: Employer Telephone: Dates Employed: Employer/Company: Job Title: Supervisor Name: Employer Address: City State Zip Code: Dates Employed: | Reason for leaving: | | | | | |
| Job Title: Supervisor Name: Employer Address: City State Zip Code: Employer Telephone: Dates Employed: Employer/Company: Job Title: Supervisor Name: Employer Address: City State Zip Code: Dates Employed: | | | | | | |
| Supervisor Name: Employer Address: Dates Employed: Employer/Company: Job Title: Supervisor Name: Employer Address: City State Zip Code: Dates Employed: Employer/Company: Dob Title: Supervisor Name: Employer Address: Dates Employed: | | | | | | |
| Employer Address: City State Zip Code: Employer Telephone: Dates Employed: Reason for leaving: Employer/Company: Job Title: Supervisor Name: Employer Address: City State Zip Code: Employer Telephone: Dates Employed: | | | | | | |
| Employer Telephone:Dates Employed: Reason for leaving: Employer/Company: Job Title: Supervisor Name: Employer Address: | | | | | | |
| Reason for leaving: Employer/Company: Job Title: Supervisor Name: Employer Address: City State Zip Code: Employer Telephone: Dates Employed: | | | | | | |
| Employer/Company: Job Title: Supervisor Name: Employer Address: City State Zip Code: Employer Telephone: Dates Employed: | | | | | | |
| Job Title:Supervisor Name: City State Zip Code: Employer Address: Dates Employed: | | | | | | |
| Job Title:Supervisor Name: City State Zip Code: Employer Address: Dates Employed: | Employer/Company: | | | | | |
| Supervisor Name: City State Zip Code: Employer Telephone: Dates Employed: | | | | | | |
| Employer Address: State Zip Code: Employer Telephone: Dates Employed: | | | | | | |
| | | | _ State | Zip Code: | | |
| Reason for leaving: | Employer Telephone: | Dates Employed: _ | | | | |
| | Reason for leaving: | | | | | |
| May we contact current and previous employers? [] Yes [] No If No, Why? | | | | | | |

References

Please provide 3 Personal or Professional reference(s):

| Reference Name: | |
|---|---|
| | |
| | Phone: |
| Years known: | Personal or Professional: |
| Reference Name: | |
| | |
| | Phone: |
| Years known: | Personal or Professional: |
| Reference Name: | |
| | |
| | Phone: |
| Years known: | Personal or Professional: |
| | ed to any pastoral or theological training: |
| Please provide information relate | ed to any managerial or leadership training: |
| that your employment can be ten notice, by you or the Christian S agreement contrary to the for employment is "at will," and the | ad the Christian Shelter - is referred to as "employment at will." This means rminated at any time for any reason, with or without cause, with or without helter - No representative of Christian Shelter has authority to enter into any regoing "employment at will" relationship. You understand that your nat you acknowledge that no oral or written statements or representations alter your at-will employment status, |
| Applicant Signature: | Dated: |