

Christian Church (Disciples of Christ) in Illinois and Wisconsin
1011 N. Main Street, Bloomington, IL 61701 (309) 828-6293 Fax: (309) 829-4612
Employment Application

(Please print)

Date of Application: _____

Name: _____
-- _____

Mailing Address: _____
Street & Number City State Zip

Phone #1: _____ Phone #2: _____ Email: _____
Circle one Home, Cell, or Work Home, Cell, or Work

Social Security #: _____ Are you authorized to work in the United States? ___ Yes ___ No

Date available from _____ Date available to _____

What position are you applying for? _____

Why does this position interest you? _____

Are you willing to travel as the job may necessitate? ___ Yes ___ No

In what ways do you feel you work well with others? _____

Current Employer, if applicable: _____ Phone: _____

Current Supervisor: _____ Phone: _____

Reason(s) for wanting to leave current employment: _____

Past Work History: Please provide a record of employment, paid and volunteer, and explain any lapse in employment. Use a separate sheet if necessary. A copy of a resume will also suffice for this section.

Previous Work Experience:

Employer/Supervisor: ----- _____ Phone:

Dates of Employment: _____ Nature of Work: _____

Reason(s) for leaving: _____ -

Employer/Supervisor: ----- _____ Phone:

Dates of Employment: _____ Nature of Work: _____

Reason(s) for leaving: _____ -

Employer/Supervisor: ----- _____ Phone:

Dates of Employment: _____ Nature of Work: _____

Reason(s) for leaving: _____ -

Please indicate any employer you wish us not to contact and the reason. _____

I grant permission for CCIW to contact current and previous employers for references.

Signed: _____

Signature

Printed Name

Authorization for release of information:

I authorize individuals, employers (current and past), law enforcement agencies and consumer reporting agencies to release information they may have that pertains to me to the Christian Church (Disciples if Christ) in Illinois and Wisconsin (CCIW). I hereby authorize CCIW to perform drug testing on me. This release will remain in effect throughout the period of Pre-employment screening and the length of employment if accepted and hired.

I agree that a reproduced copy of this release may be accepted as an original.

Signed: _____

Signature

Printed Name

Date: _____

Thank you for completing this application. You may mail or fax it to the address and number on the first page or may submit it electronically to teresa@cciwdisciples.org. If you have questions, please contact CCIW.