PIONEER
MEMORIAL CHURCH

8655 University Blvd., Berrien Springs, MI 49103

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

( ) _____ E-mail _____ Social Security Number _____

Daytime Phone #

Are you 18 years of age or older? ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No If not, what type of visa do you hold? _____
(Proof of citizenship or authorization to work in the U.S.A. is required)

Do you speak and write English fluently? ☐ Yes ☐ No What other languages do you speak and write? _____

Are you a Seventh-day Adventist? ☐ Yes ☐ No If yes, provide the name and contact info of your pastor/conference officer who knows you.

_____

JOB DESIRED

Position(s) you are applying for: _____

Indicate all types of work you will accept:

☐ Full Time ☐ Part Time (Number of hours per week _____) Specific hours available: from _____ to _____

If employed, how long do you plan to remain? _____ Days available: _____

Minimum acceptable salary/wage rate per hour: $_____ Date you can begin: _____

Pioneer Memorial Church (PMC) is a member of the Michigan Conference of Seventh-day Adventists. Questions regarding the propriety or legality of this application should be directed to the Office Manager.

Instructions: Please print clearly. The information provided in this application will be held in strict confidence. Applicant must also submit a one-page, type-written cover letter explaining why they should be considered for the position. ***Complete this form and bring it in-person to the Pioneer Offices:*** Pioneer Memorial Church, 8655 University Blvd., Berrien Springs, MI 49103.

REFERENCES

List three character references, other than relatives, which may be contacted.

Name	Title	Phone	Years Known

EMPLOYMENT HISTORY

Please account for all periods of employment for the last five years, beginning with your present or most recent position, and include any employment prior to that period that indicates your work experience.

Most Recent Employer: _____ Start Date: _____ End Date: _____

Address: _____ Phone #: (_____) _____

Position: _____ Starting Pay: _____ Ending Pay: _____

Duties Performed: _____

_____

Supervisor's Name: _____ Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employer: _____ Start Date: _____ End Date: _____

Address: _____ Phone #: (_____) _____

Position: _____ Starting Pay: _____ Ending Pay: _____

Duties Performed: _____

_____

Supervisor's Name: _____ Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employer: _____ Start Date: _____ End Date: _____

Address: _____ Phone #: (_____) _____

Position: _____ Starting Pay: _____ Ending Pay: _____

Duties Performed: _____

_____

Supervisor's Name: _____ Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

EDUCATION

School Name	Address	Years Attended	Was a Degree or Certificate awarded?	Field of Study
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

If appropriate, please list professional registrations, certifications, or licenses you hold:

Type	Expiration Date	Number	State

ACKNOWLEDGEMENT

Please account for any time during which you were not employed, e.g. in the military, in school, or in training, since the age of 16:

Have you ever received unemployment compensation? ☐ Yes ☐ No If yes, when and where?

Have you ever been convicted of a felony (federal, local, or military)? ☐ Yes ☐ No If yes, give the following information:

(place)	(date)	(charge)	(disposition & rehabilitation activities)

Have you ever been denied a bond or had one cancelled? ☐ Yes ☐ No If yes, please explain:

Summarize other skills or experience in the position you are seeking which you feel qualify you for employment at Pioneer Memorial Church:

STATEMENT

Please read the following and check "Yes" or "No" at the end of each statement before submitting the application. If you are unable to signify "Yes" to each statement, your application will not be accepted. *Statement below **must** be signed by the applicant.*

I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal.	☐ Yes ☐ No
I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release such parties from all liability for any damage that may result from furnishing such information to you.	☐ Yes ☐ No
I agree that, if offered employment, I will conform to the policies of the employer which may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without prior notice to me.	☐ Yes ☐ No
I understand that the employer recognizes the right of any employee to terminate employment at any time for any reason, and the employer retains a similar right. No oral or verbal statements, promises or representations may alter your right or that of the employer to terminate your employment at any time and for any reason.	☐ Yes ☐ No
I further understand that, if employed, I may be subject to a qualifying period, which may be extended at the employer's discretion.	☐ Yes ☐ No

I hereby acknowledge that I have read the above statements, replied to each, and understand the same.

Signature: _____ **Date:** _____

OFFICE USE ONLY—*DO NOT WRITE IN THIS SECTION*

Interviewed by: _____ **Position Considered:** _____

☐ Full Time ☐ Part Time ☐ Regular ☐ Temporary

Salary Range Quoted: _____ **Visa Number (if applicable):** _____