



APPLICATION FOR EMPLOYMENT

MAILING ADDRESS: P.O. BOX 276450, SACRAMENTO, CA. 95827-6450

LOCATED AT: 10933 PROGRESS COURT, RANCHO CORDOVA, CA. 95670

Please keep in mind that acceptance of this form does not constitute a contract of employment nor is it a commitment to the applicant. Form I-9 must be completed before this application is considered complete. Please attach to application.

I. PERSONAL

NAME: (last) _____ (first) _____ (middle) _____

EMAIL ADDRESS: _____

PRIMARY PHONE: _____

DRIVER LICENSE NUMBER: _____ STATE: _____ SSN: _____

PRESENT ADDRESS: _____

LENGTH OF RESIDENCE IN COMMUNITY: _____ YEARS _____ MONTHS

CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

IF YOU HAVE EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE, PLEASE STATE THE FOLLOWING: Nature of conviction; date; sentence received; sentence served; including date and location; probation or parole office; and any other facts or circumstances you wish to provide. (Conviction will not necessarily disqualify you from employment.)

NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____

DATE YOU CAN START IN THE POSITION YOU ARE APPLYING FOR: _____



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II. WORK EXPERIENCE

ARE YOU PRESENTLY EMPLOYED: _____

MAY WE CONTACT YOU AT YOUR PLACE OF BUSINESS? ____ Yes ____ No ____ Preferably not

IF YES, PLEASE INCLUDE TELEPHONE NUMBER: _____

BEGIN WITH YOUR PRESENT OR MOST RECENT JOB. (Use additional paper if necessary. Include military service, but not dates of military service.) Include complete (1) name and (2) address of employer, (3) name of your supervisor, (4) dates of employment, (5) annual income, (6) your job title, (7) reason for leaving each job, and (8) important skills you feel you developed in each job.

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	
8. _____	

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	
8. _____	

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	
8. _____	



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III. EDUCATION

NAME AND LOCATION	DATES ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	TYPE OF DEGREE
(College or other most recent)				
(College or other)				
(High School)				

HAVE YOU TAKEN ANY ADDITIONAL COURSES? ____ Yes ____ No

IF YES, PLEASE DESCRIBE ADDITIONAL COURSES, AND GIVE DATE(S) TAKEN:

LIST ACTIVITIES YOU WERE INVOLVED IN (You may choose to exclude those which indicate race, creed, sex, marital status, age, color, national origin or physical handicap).



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IV. CHRISTIAN EXPERIENCE AND BACKGROUND

HOW LONG HAVE YOU BEEN A CHRISTIAN? _____

PLEASE LIST THE CHURCHES YOU HAVE ATTENDED, MOST RECENT FIRST. Include complete (1) name and (2) address of church, (3) name of pastor, (4) dates of overall attendance, (5) reason you left, and (6) your ministry responsibilities.

1. _____ 2. _____

3. _____ 4. _____

5. _____

6. _____

1. _____ 2. _____

3. _____ 4. _____

5. _____

6. _____

PLEASE DO THE SAME FOR PARACHURCH AND OTHER CHRISTIAN ORGANZIATIONS, INCLUDING (1) name and (2) address of organziation, (3) name of director, (4) dates of overall attendance, (5) reason you left, and (6) your ministry responsibilities.

1. _____ 2. _____

3. _____ 4. _____

5. _____

6. _____

1. _____ 2. _____

3. _____ 4. _____

5. _____

6. _____

HAVE YOU EVER BEEN UNDER CHURCH DISCIPLINE? IF YES, PLEASE EXPLAIN.

OTHER INFORMATION YOU WANT US TO KNOW ABOUT YOU CHRISTIAN LIFE.

PLEASE ATTACH YOUR TESTIMONY, DESCRIBING YOU SPIRITUAL PILGRIMAGE, ON ANOTHER SHEET.



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V. ORGANIZATIONAL ACTIVITIES

PLEASE LIST JOB-RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES OR OTHER ASSOCIATIONS TO WHICH YOU BELONG, OTHER THAN THOSE ALREADY LISTED. (You may choose to exclude those which indicate race, creed, sex, marital status, age, color, national origin or physical handicap).

PLEASE INCLUDE THE (1) name and (2) address of organization, (3) dates of overall relationship, and (4) your interest and activities within each organization.

1. _____ 2. _____

3. _____ 4. _____

1. _____ 2. _____

3. _____ 4. _____

1. _____ 2. _____

3. _____ 4. _____

VI. YOUR HEALTH

DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP THAT MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?



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VII. REFERENCES

GIVE THE NAMES AND ADDRESSES OF FIVE INDIVIDUALS (NOT RELATIVES) WHO KNOW YOU WELL AND TO WHOM WE MAY REFER. PLEASE INCLUDE NAME, ADDRESS, BOTH WORK AND HOME PHONE, AND OCCUPATION.

1. _____

2. _____

3. _____

4. _____

NOTE: Should our consideration of you for employment proceed to the personal interview stage, it is possible that we may order an investigative consumer report. This type of inquiry may include information as to your character, general reputation, personal characteristics and mode of living, and is obtained through personal interviews with your neighbors, friends, and others with whom you are acquainted. The Fair Credit Reporting Act requires that we inform you that such a report may be requested. Upon written request from you, within a reasonable time after receiving this notice, we will provide you with additional information as to the nature and scope of the investigation, if one was ordered.

I certify that the above information and statements are true and complete to the best of my knowledge. I understand that any misstatement or material omission from this application may result in my disqualification from consideration for a position and may be the basis for termination of my services.

I authorize River City Christian or its agent to undertake any investigation it deems appropriate in connection with this application, including contact with all prior employers and a criminal background check.

SIGNATURE _____ DATE _____



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VII. NOTE TO INTERVIEW

IN ORDER TO DETERMINE THE SUITABILITY OF THE APPLICANT, IT IS VERY IMPORTANT THAT ALL OF THE PREVIOUS REFERENCES BE CONTACTED BY THE TELEPHONE. THE PERSON WHO HAS CHECKED REFERENCES WITH PREVIOUS EMPLOYERS OR REFERENCES SHOULD PUT INITIALS AND DATES OF CONTACT NEXT TO THE NAMES LISTED ON THE FORM AND ATTACH COMMENTS MADE.

REFERENCE	INTERVIEWER	
NAME: _____	SIGNATURE: _____	Date: _____
NOTES: _____		

REFERENCE	INTERVIEWER	
NAME: _____	SIGNATURE: _____	Date: _____
NOTES: _____		

REFERENCE	INTERVIEWER	
NAME: _____	SIGNATURE: _____	Date: _____
NOTES: _____		

REFERENCE	INTERVIEWER	
NAME: _____	SIGNATURE: _____	Date: _____
NOTES: _____		

REFERENCE	INTERVIEWER	
NAME: _____	SIGNATURE: _____	Date: _____
NOTES: _____		

NOTE TO BOOKKEEPER: In case of salaried employees, a complete I-9 Form (to verify legal eligibility for employment according to the immigration laws) must be kept on file with the application form. (I-9 Forms are available in the church office.)