

# PARKSIDE CHRISTIAN CHURCH

Application for Employment



APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	
Position Applied for			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?
			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Length of Time Known	Phone (      )
Address	
Full Name	Relationship
Length of Time Known	Phone (      )
Address	
Full Name	Relationship
Length of Time Known	Phone (      )
Address	

**PREVIOUS EMPLOYMENT**

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

ADDITIONAL WORK EXPERIENCE?    YES     NO   
 (LIST ON BACK OF FORM)

**CHRISTIAN BACKGROUND**

Are you a born-again Christ-follower?    YES     NO     If yes, since when: Month \_\_\_\_\_ Year \_\_\_\_\_

Briefly describe how you came to Christ as your personal Savior (use back of this page)

Do you regularly attend our weekend services?    YES     NO     If yes, since when: Month \_\_\_\_\_ Year \_\_\_\_\_

Do you regularly attend a Lifegroup?    YES     NO     If yes, since when: Month \_\_\_\_\_ Year \_\_\_\_\_

Have you attended startingpoint?    YES     NO     If yes, when: Month \_\_\_\_\_ Year \_\_\_\_\_

In what areas of church ministry are you currently involved?

In what areas of church ministry are you currently leading?

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge and I have not omitted any facts which I reasonably believe would reflect unfavorably on Parkside's decision to hire me. In addition, I give permission to Parkside to contact any person or institution I have listed on this application (unless indicated otherwise) and to verify the correctness of the information provided.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Notice of Employment-At-Will: Employment with Parkside is for no definite period. Employment may be terminated by either the employee or the employer, at any time, with or without notice and with or without cause.

Signature

Date

Return to: *Parkside Christian Church*  
*6986 Salem Rd*  
*Cincinnati, OH 45230*  
*(513) 231-9482 – Phone*  
*(513) 231-6751 – Fax*

APPLICANT'S PERMISSION TO OBTAIN A CRIMINAL BACKGROUND CHECK

The following information and the result of the background check will be kept in confidence.

- I, the undersigned applicant, authorize Parkside Christian Church through its independent resources, to procure background information about me. I understand that this authorization and release is valid for future background information requests during my period of service with Parkside Christian Church for the purpose of investigating any incidents of personal or workplace misconduct or criminal activity for which I am alleged to have been involved. These above-mentioned reports may include my driving history, including citations issued; a social security number trace; present and former addresses; criminal and civil history/records; any other public record.
- I further authorize any persons or churches, former employers, government agencies, record custodians, courts, public agencies, and law enforcement agencies, or other organizations, including those listed in this application to give Parkside Christian Church any information that they may have regarding my character and fitness for children's or youth work.
- I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my written request, if such is made within a reasonable time from the date it was produced.
- I agree to be bound by the Bylaws and Policies of Parkside Christian Church, especially those which relate to the protection of children and minors, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.
- I hereby attest and certify that I have never been convicted of nor pled guilty or no contest to: child abuse, endangering children, gross sexual imposition, rape, sexual imposition, importuning, voyeurism, public indecency, any offense of violence, or any offense of a similar nature, under the laws of any state, municipality, or the United States. I further certify that I have never performed such acts. I further certify that I have never been discharged from employment or a volunteer position because of any such activity or behavior.
- I HAVE READ CAREFULLY AND UNDERSTAND THE FOREGOING RELEASE. I SIGN THIS RELEASE AS MY OWN FREE ACT. I RECOGNIZE THAT THIS IS LEGALLY BINDING.
- The information I have given is correct to the best of my knowledge.

Applicants Name (First, Middle, Last) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of birth \_\_\_\_\_ dd/mm/yy

I would like to have a copy of the results of this background check. YES NO

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

