

EMPLOYMENT APPLICATION

PLEASE PRINT

Hillside Presbyterian Church USA
1879 Columbia Drive • Decatur, GA • 30032
AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

Position(s) _____ Date You
Applied For: _____ Can Start: _____

Name: _____
Last Name First Name Middle Name

Current Address: _____ Since
Number and Street City State Zip Date
Mo Year

If you have lived at your current address less than two years, please list all other addresses you have had the past two years. (If more than two addresses, please list on a separate sheet of paper and attach hereto)	
Address	Date
Address	Date

Home Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Please list all other names you use or have used and approximate dates of use, including maiden name, if applicable. (If more than two, list on a separate sheet of paper and attach hereto)	
Name	Date
Name	Date

Are you available to work: ☐ Full-time ☐ Part-time ☐ Temp ☐ Weekdays ☐ Weekday Evenings ☐ Weekends

If you did not check "full-time," indicate below what day(s) and hour(s) you are available for work:

EDUCATION:

	School Name	Location	Diploma	Major Course of Study
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Theological School or Program			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Summarize special training and/or certification not listed above:

Describe recognition or honors received:

List professional, trade, business, church or civil activities and leadership positions held. (You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status):

EMPLOYMENT EXPERIENCE:

Start with your present or most recent position. If information is already on your attached resume, fill in only those items not listed on your resume (i.e., reason for leaving, salary, etc.). If any employment were under a different name, indicate name. _____

Present/Most Recent Employer: _____		Telephone: _____	
Address: _____		_____	
<small>Number and Street</small>		<small>City</small>	<small>State Zip</small>
Position(s) held: _____		Duties: _____	
Dates of Employment: From _____		To _____	Annual Salary: _____
<small>Month / Year</small>		<small>Month / Year</small>	
Supervisor: _____		Department: _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time Hours per week _____
Reason for Leaving: _____			

Employer: _____		Telephone: _____	
Address: _____		_____	
<small>Number and Street</small>		<small>City</small>	<small>State Zip</small>
Position(s) held: _____		Duties: _____	
Dates of Employment: From _____		To _____	Annual Salary: _____
<small>Month / Year</small>		<small>Month / Year</small>	
Supervisor: _____		Department: _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time Hours per week _____
Reason for Leaving: _____			

Employer: _____		Telephone: _____	
Address: _____		_____	
<small>Number and Street</small>		<small>City</small>	<small>State Zip</small>
Position(s) held: _____		Duties: _____	
Dates of Employment: From _____		To _____	Annual Salary: _____
<small>Month / Year</small>		<small>Month / Year</small>	
Supervisor: _____		Department: _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time Hours per week _____
Reason for Leaving: _____			

May we contact your present and/or past employer for references?

Present Employer ☐ Yes ☐ No _____ Past Employer(s) ☐ Yes ☐ No _____

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize job-related skills and qualifications acquired from employment or other experience not listed above.

REFERENCES:

Please list 1-personal, 1-business or church, and 1-school or program reference not related to you.

1. Name: _____ Phone Number: _____

Address: _____
Street City State Zip

2. Name: _____ Phone Number: _____

Address: _____
Street City State Zip

3. Name: _____ Phone Number: _____

Address: _____
Street City State Zip

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you over 18 years of age?..... ☐ Yes ☐ No

2. Can provide required proof of your eligibility to work in the US?..... ☐ Yes ☐ No

(You will be required to complete I-9 Employment Eligibility Verification Form)

3. Have you ever ☐ applied for a position or ☐ been employed at Hillside before? ☐ Yes ☐ No

If yes, please give date: _____

4. Have you ever been accused of, disciplined for, or convicted* of sexual misconduct, sexual harassment, child abuse or any crime involving actual or attempted sexual molestation of a minor? ☐ Yes ☐ No

If yes, explain below or ☐ attach additional page(s): _____

5. Have you ever been convicted* of a traffic offense? ☐ Yes ☐ No

If yes, explain below or ☐ attach additional page(s) (NOTE: A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered)

6. Have you ever been convicted* of a felony or misdemeanor (non-misdemeanor traffic offense or traffic infraction)? . . ☐ Yes ☐ No

If yes, explain below or ☐ attach additional page(s) including offense, conviction date, court and location:

* For purposes of this question, "convicted" is defined as the occurrence of **ANY** of the following in connection with a criminal charge:

1. A finding of guilty by a jury or court.

2. Payment of a fine.

3. A court's imposition of a deferred or suspended sentence.

4. A court's acceptance of a plea of guilty or a plea of 'nolo contendere'.

5. Forfeiture of a bail, bond or other security deposited to secure a defendant's appearance.

6. A court's approval of an agreement for a deferred prosecution.

7. Have you ever had any job-related training in the US Military Service? ☐ Yes ☐ No

If yes, explain when and the training received _____

9. Are you able to perform the essential requirements of the job for which you are applying? ☐ Yes ☐ No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

Explain: _____

State any additional information you think may be helpful to us in considering your application:

I hereby affirm under penalty of perjury under the laws of the State of Georgia that the information included in this employment application is true, correct and complete to the best of my knowledge. I hereby authorize Hillside Presbyterian Church USA (Hillside PC-USA) to verify its accuracy and to obtain reference information on my work performance. I hereby release Hillside PC-USA from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts requested on this application shall be considered sufficient basis for dismissal.

Further, I understand that, as a condition of me being considered for employment, Hillside PC-USA may obtain various reports that include, but are not limited to, my criminal and civil history, education and experience, reference checks, Department of Motor Vehicle records, and other public records bearing on my fitness to be employed by Hillside PC-USA.

Further, I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules, and regulations of employment of Hillside PC-USA. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offer is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ **Date Applied** _____

This application for employment is good for 90 days only. Consideration for employment after 90 days will require a new application.

FOR EMPLOYER USE ONLY

Interviewed by: _____ Date: _____ Remarks: _____

Hired: ☐ Yes ☐ No Position: _____

Starting Salary/Wage \$ _____ ☐ Hour ☐ Month ☐ Annual Date Reporting to Work _____ 20____
Mo Day Yr

Salary Classification:

- ☐ Salaried/Exempt from overtime
☐ Hourly, not exempt from overtime

Benefits Group Classification:

- ☐ Full Time (35 hours thru 40 hours per week)
☐ Part-Time I (13 thru 34 hours per week)
☐ Part-Time II (0 thru 12 hours per week)

Approved: _____
Immediate Supervisor Date

Administration Ministry Chair Date

Senior Pastor Date

Clerk of Session Date

Are the following required employment forms attached:

1. Form I-9 Employment Eligibility Verification. ☐ Yes ☐ No Initials _____
2. W-4 Employee's Withholding Allowance Certificate . . ☐ Yes ☐ No Initials _____