

# **LIVING WORD COMMUNITY CHURCH**

**2530 CAPE HORN ROAD  
RED LION, PA 17356  
TEL. 717.755.0089**

## **APPLICATION FOR EMPLOYMENT**



Are you available to work: DAYS  EVENINGS  WEEKENDS  FULL TIME  PART TIME  If you desire part-time work, please explain: \_\_\_\_\_

Consistent attendance and punctuality are essential requirements of the job. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with LWCC? YES  NO

If yes, describe: \_\_\_\_\_

Are you presently employed? YES  NO  If yes, may we contact your employer? YES  NO  If presently employed, why are you considering leaving?

\_\_\_\_\_

Have you ever been discharged from any employment or asked to resign? YES  NO  If yes, please explain:

\_\_\_\_\_

List any other experience, skills, and qualifications which you believe should be considered in evaluating your qualifications for employment:

\_\_\_\_\_

## EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
Vocational or Trade School				
College				
Graduate Work				

Please account for any period greater than one month in which you were not employed since finishing school.

	From	To	Reason
Mo/Yr			
Mo/Yr			
Mo/Yr			

Have you completed any special courses, seminars, and/or training that would enable you to perform the position for which you are applying? YES [ ] NO [ ] If yes, please describe:

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**EMPLOYMENT Start with your present or most recent position**

<b>Name of Employer</b>		Telephone Number ( )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed: From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
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<b>Name of Employer</b>		Telephone Number ( )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed: From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
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<b>Name of Employer</b>		Telephone Number ( )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed: From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
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## PERSONAL REFERENCES

Give three individuals (not relatives or employers)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ( )
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ( )
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ( )

## PROFESSIONAL REFERENCES

Give three individuals (not relatives)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ( )
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ( )
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ( )

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to an employment interviewer before signing. I understand the application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of LIVING WORD COMMUNITY CHURCH to afford equal opportunity to all employees and applicants for employment without regard to age, race, color, sex, national origin, marital status, or pregnancy, and to afford equal opportunities to individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all LIVING WORD COMMUNITY CHURCH rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either LIVING WORD COMMUNITY CHURCH or me. I further understand that no representation, whether oral or written, by any representative or agent of LIVING WORD COMMUNITY CHURCH, at any time, can constitute a contract of employment. I understand that LIVING WORD COMMUNITY CHURCH and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms or conditions of employment. No representative or agent of LIVING WORD COMMUNITY CHURCH has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_