

APPLICATION FOR EMPLOYMENT

- Lighthouse Baptist Church
 Lighthouse Christian Academy Lighthouse Daycare

PERSONAL DATA & IDENTIFICATION	LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER - -		
	STREET ADDRESS			TELEPHONE NUMBER ()		
	CITY	STATE	ZIP CODE	ALTERNATE PHONE NUMBER ()		
	DO YOU OWN & OPERATE A CAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES NUMBER: _____ <input type="checkbox"/> NO STATE: _____		ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO A FELONY? <input type="checkbox"/> YES IF YES, PLEASE EXPLAIN (ATTACH SEPARATE PAGE, IF NECESSARY) _____ <input type="checkbox"/> NO _____					
	CITIZENSHIP: ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, DO YOU HAVE A WORK PERMIT WHICH ALLOWS YOU TO WORK IN THIS COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO			TYPE: _____ NUMBER: _____ EXPIRATION DATE: _____		
	I UNDERSTAND THAT LIGHTHOUSE BAPTIST CHURCH AND/OR LIGHTHOUSE CHRISTIAN ACADEMY IS REQUIRED TO INSPECT DOCUMENTS FOR WORK AUTHORIZATION UNDER THE IMMIGRATION LAW AND THAT AN OFFER OF EMPLOYMENT IS CONTINGENT UPON SATISFACTORY PROOF OF MY AUTHORIZAITON TO WORK IN THE UNITED STATES. _____ PLEASE INITIAL					
	GIVE NAME AND ADDRESS OF PERSON TO NOTIFY IN CASE OF EMERGENCY.					
	NAME:		ADDRESS:			
	PHONE:		CITY:			
		STATE & ZIP:				
POSITION	POSITION(S) FOR WHICH YOU ARE APPLYING:					
	1. _____		2. _____			
	SEEKING: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY		DATE AVAILABLE: _____ SALARY EXPECTED: _____			
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW DID YOU FIND OUT ABOUT THIS POSITION? _____ _____				
EDUCATION	NAME OF SCHOOL	LOCATION	DATES ATTENDED MO/YR TO MO/YR	HOURS CREDIT	DEGREE	MAJOR
	HIGH SCHOOL					
	BUSINESS/TRADE SCHOOL					
	COLLEGE					
	COLLEGE					
	AWARDS, SCHOLARSHIPS, HONORS:		PROFESSIONAL LICENSES & DATE RECEIVED:			
	PROFESSIONAL ORGANIZAITONS:		HOBBIES:			

WORK HISTORY

(RESUME MAY BE ATTACHED, BUT NOT SUBSTITUTED FOR COMPLETING THE INFORMATION BELOW)
LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST

PAST AND PRESENT EMPLOYMENT	DATES				NAME OF ORGANIZATION STREET ADDRESS, CITY, STATE, ZIP CODE				SALARY		REASON FOR LEAVING	
	FROM		TO						START			
	MONTH	YEAR	MONTH	YEAR			FINAL					
	SUPERVISOR'S NAME & TITLE										TELEPHONE	
	YOUR POSITION TITLE											
	DESCRIBE YOUR DUTIES											
	DATES				NAME OF ORGANIZATION STREET ADDRESS, CITY, STATE, ZIP CODE				SALARY		REASON FOR LEAVING	
	FROM		TO						START			
	MONTH	YEAR	MONTH	YEAR			FINAL					
	SUPERVISOR'S NAME & TITLE										TELEPHONE	
	YOUR POSITION TITLE											
	DESCRIBE YOUR DUTIES											
DATES				NAME OF ORGANIZATION STREET ADDRESS, CITY, STATE, ZIP CODE				SALARY		REASON FOR LEAVING		
FROM		TO						START				
MONTH	YEAR	MONTH	YEAR			FINAL						
SUPERVISOR'S NAME & TITLE										TELEPHONE		
YOUR POSITION TITLE												
DESCRIBE YOUR DUTIES												
DATES				NAME OF ORGANIZATION STREET ADDRESS, CITY, STATE, ZIP CODE				SALARY		REASON FOR LEAVING		
FROM		TO						START				
MONTH	YEAR	MONTH	YEAR			FINAL						
SUPERVISOR'S NAME & TITLE										TELEPHONE		
YOUR POSITION TITLE												
DESCRIBE YOUR DUTIES												

I CERTIFY THAT THE ANSWERS GIVEN BY ME IN THE FOREGOING STATEMENTS ARE TRUE AND CORRECT WITHOUT CONSEQUENTIAL OMISSIONS OF ANY KIND WHATSOEVER. I AGREE TO THAT LIGHTHOUSE BAPTIST CHURCH AND/OR LIGHTHOUSE CHRISTIAN ACADEMY SHALL NOT BE HELD LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF FALSITY OF STATEMENTS, ANSWERS OR OMISSIONS MADE BY ME IN THIS APPLICATION. I AUTHORIZE THE COMPANIES, CHURCHES, SCHOOLS OR PERSONS NAMED IN THIS APPLICATION TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT OR MY PHYSICAL CONDITION, TOGETHER WITH ANY INFORMATION THEY MAY HAVE REGARDING ME, WHETHER OR NOT IT IS IN THEIR RECORDS. I HEREBY RELEASE SAID COMPANIES, CHURCHES, SCHOOLS OR PERSONS FROM ALL LIABILITY FOR ANY DAMAGE FOR ISSUING THIS INFORMATION.

SIGNED: _____

DATE: _____