

CALVARY REVIVAL CHURCH APPLICATION FOR EMPLOYMENT

For Office Use
Only

Date Received

___/___/___

PRINT OR TYPE – Fill out completely

PERSONAL DATA				
Last Name	First Name	M.I.	Social Security No.	Business Phone () May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip
Other Names Used		If employed by CRC, can you provide documents establishing your legal right to work in the United States as required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone ()
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				E-mail Address
Are you a confirmed member of CRC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what class no.? _____ If no, what church do you attend? _____				How long have you been saved? ____ Years ____ Months
Are you currently enrolled in New Member's Class? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Instructor's Name: _____				
If you are a new convert, do you attend New Convert's Class? <input type="checkbox"/> Yes <input type="checkbox"/> No				

TYPE OF WORK DESIRED	
Please indicate the type of position(s) you desire	Salary desired Date Available
Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours _____) <input type="checkbox"/> Summer Only If required, will you be willing to work: <input type="checkbox"/> Weekends: <input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Have you previously applied for employment at CRC? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you previously been employed by CRC? Yes <input type="checkbox"/> No <input type="checkbox"/> How were you referred to CRC? <input type="checkbox"/> Ad <input type="checkbox"/> Employee <input type="checkbox"/> College <input type="checkbox"/> Agency <input type="checkbox"/> State EDD <input type="checkbox"/> Self <input type="checkbox"/> Other: _____ Name of Employee/Source

Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any criminal or non-civil charges or proceedings pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list dates, places, charges and disposition. (A conviction that is disclosed herein is NOT an automatic disqualification from employment.)	

TRAINING AND EDUCATION				
Name and Location	Did you graduate?	Diploma/ Degree	Field of Study	Overall Scholastic Average
High School	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Business College	Yes <input type="checkbox"/> No <input type="checkbox"/>			
College/University	Yes <input type="checkbox"/> No <input type="checkbox"/>			
College/University	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Additional training/classes/qualifications.				

Building an Overcoming Church Out of Broken Lives Through the Power of Jesus Christ
 Calvary Revival Church, 5833 Poplar Hall Drive, Norfolk, VA 23502
 Phone: (757) 321-9700 | Fax: (757) 321-9701

EMPLOYMENT HISTORY

Please list your employment history beginning with your most recent position. This *MUST* be completed whether or not you attach a resume. Please use additional sheets if necessary. Include Military Service if applicable.

Most Recent Employer		Address		From (mo./yr.)	To (mo./yr.)
Starting Position		Last Position		Starting Base Salary per	
Name of Supervisor	Title	Telephone No./Ext.		Final Base Salary per	
Description of Duties				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving					

Previous Employer		Address		From (mo./yr.)	To (mo./yr.)
Starting Position		Last Position		Starting Base Salary per	
Name of Supervisor	Title	Telephone No./Ext.		Final Base Salary per	
Description of Duties				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving					

Previous Employer		Address		From (mo./yr.)	To (mo./yr.)
Starting Position		Last Position		Starting Base Salary per	
Name of Supervisor	Title	Telephone No./Ext.		Final Base Salary per	
Description of Duties				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving					

Previous Employer		Address		From (mo./yr.)	To (mo./yr.)
Starting Position		Last Position		Starting Base Salary per	
Name of Supervisor	Title	Telephone No./Ext.		Final Base Salary per	
Description of Duties				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving					

INDICATE SKILLS IN THE FOLLOWING AREAS IF APPLICABLE

Computer Skills: Please indicate your skill level

Microsoft Word	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
Excel	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
PowerPoint	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
Access	Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
Other			

Office Skills: Filing Data Entry SwitchBoard Keyboard WPM

Accounting: A/P A/R General Ledger Counting Money Bank Teller Cash Register

Facilities: Electrical Painting Plumbing Carpentry

Commercial Building Experience: Yes No If yes, how many years? _____ In what capacity? _____

Handyman Skills:

Foreign Languages (read, speak, and or write)

PROFESSIONAL REFERENCES

Please give the names of three people in your field (past managers or supervisors) who know you and can provide information regarding your job-related capabilities.

Name	Title	Company	Telephone

- IMPORTANT -

PLEASE READ CAREFULLY

AUTHORIZATION AND RELEASE

CERTIFICATION

I certify that my answers in this application and in my personal interview are true and correct. I agree that any omissions, misrepresentations or falsifications of information may disqualify me from employment and, if hired, may be grounds for termination of employment.

I understand this application is not an employment contract nor can it be used to create a contract. Employment by CRC has no specific term, regardless of length of service, and may be terminated at the will of either party on notice to the other. I acknowledge that CRC has not made any promises or representations that differ from those contained in this paragraph. Promises or guarantees of employment on any other basis are not binding for CRC unless they are written and signed by the Chief Executive Officer of CRC.

I hereby authorize CRC to conduct background investigations, credit checks, and to check references in association with this application for employment. Further, I authorize any individual, company, business entity, institution, or government agency having relevant information to furnish CRC with that information.

I hereby release and agree to hold harmless any individual, company, business entity, institution, or government agency from all liability with regard to furnishing that information to CRC. Further, I hereby agree to release and hold CRC harmless from all liability with respect to the receipt of such information.

I have read and understand all the above limitations on and conditions of my employment and authorize the investigation, etc. referred above.

I Agree

Date: _____

I Disagree

Date: _____

Signature

Date

Thank you for your interest.
Calvary Revival Church is an equal opportunity employer.

DISCLOSURE AND AUTHORIZATION TO OBTAIN INVESTIGATIVE CONSUMER REPORT

As part of Calvary Revival Church (CRC) employment screening and selection process, a background and reference check is required for all employees. The objective of this process is to verify the accuracy of information provided in the application process, check references and identify other factors that might be relevant to CRC's employment requirements. You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice to receive a written disclosure of the nature and scope of any investigation conducted by a Consumer Reporting Agency. If an Investigative Consumer Report (ICR) is obtained, prior to an adverse decision being made affecting your employment, CRC will provide to you a copy of the ICR and a copy of your rights under the Fair Credit Reporting Act. CRC reserves the right to run an ICR and/or drug screen as CRC deems necessary at any time during your employment with CRC. You have a right to obtain a copy of your ICR by checking the box provided below.

By signing this form, I authorize CRC to obtain an Investigative Consumer Report, and/or drug screen as necessary at any time during my employment with CRC. I understand that these reports may include and are not limited to information as to my character, general reputation, personal characteristics, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Further, I understand and authorize CRC to request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment (including salary), educational records and professional licensing if any. I further authorize that CRC and its agents may disclose any information submitted for employment including, but not limited to information from my employment application, testing results, results of reference checks, credit, criminal or driving record reports to client-companies as necessary.

Consumer Reporting Agency: _____

APPLICANT INFORMATION

First Name (please print)	Middle Name	Last Name	Maiden or other names used
		/ /	
Social Security Number	Issuing State	Year Issued	Date of Birth
			Driver's License Number State

PLEASE PROVIDE 7 YEARS OF ADDRESS HISTORY

Current Street Address	City	State	Zip	Length: yr./mos.
Previous Street Address	City	State	Zip	Length: yr./mos.
Previous Street Address	City	State	Zip	Length: yr./mos.
Previous Street Address	City	State	Zip	Length: yr./mos.
Current Phone Number _____				
I HAVE RECEIVED A COPY OF THIS NOTICE AND AUTHORIZATION FORM:				
<input type="checkbox"/> I AGREE				
	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> _____ Date			

CONSUMER REPORT/ INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your employment or application for employment (including independent contractor assignments, if applicable) and in accordance with pertinent laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") related to information concerning you: previous employment (including employers, dates, of employment, salary information, reasons for termination, etc.), academic history, verification of references and verification of other information supplied by you, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, accident history, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records and information about your character, general reputation, personal characteristics and mode of living (collectively, "information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other information sources (collectively, "Suppliers").

Upon providing identification and subject to applicable legal requirements and restrictions, you have the right to request the nature and substance of all information in HireRight's files pertaining to you, as well as information including, but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within certain statutorily-prescribed time periods preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800)381-0645.

You are being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. section 1681 (g) (c). You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights by contacting HireRight.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize HireRight to obtain information and disclose Information to its customers ("Customers"), if applicable, for the purpose of making a determination as to my eligibility for employment (including independent contractor assignments), promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and HireRight customers, if applicable, to retain this document on file to act as ongoing authorization for the procurement and assembly of Reports at any time during my employment or contract period. As permitted by law, I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this document. I agree that information in HireRight's possession and my employment history with Customers if I am hired or contracted may be supplied by HireRight to other HireRight Customers for legally permissible purposes.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, independent contractor status, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or e-mail copies of this authorization are as valid as an original.

Applicant Last Name _____ First _____ Middle _____

Social Security # _____ Date of Birth* (for ID purposes only) _____

Drivers License # _____ Phone Number _____

Present Address _____

City/State/Zip _____

Applicant Signature _____

*This information is used for positive identification only and is not a means of qualification or disqualification for employment. Under Federal law, you need not provide this information and your refusal to provide this information cannot be used to make any adverse decision.