

APPLICATION FOR EMPLOYMENT



Month / Day / Year

PLEASE TYPE OR WRITE USING BLACK INK ONLY

DATE

First Middle Last			TYPE OF POSITION APPLYING FOR (check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Long Term Intern <input type="checkbox"/> Short Term Intern	
NAME				
Street or box number			POSITION APPLYING FOR: Salary desired:	
ADDRESS				
City	State/Country	Zip/Postal Code	Available to begin: Month / Day / Year	
How long have you lived at this address? Years: Months:				
HOME TELEPHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS	SOCIAL SECURITY NUMBER -----	
EDUCATION			GRADUATE YES NO	<u>DEGREE</u> FIELD
High School	City State/Country	<input type="checkbox"/> <input type="checkbox"/>	_____	
Vocational Technical Training	City State/Country	<input type="checkbox"/> <input type="checkbox"/>	_____	
College/University	City State/Country	<input type="checkbox"/> <input type="checkbox"/>	_____	
College/University	City State/Country	<input type="checkbox"/> <input type="checkbox"/>	_____	
Other Education or Training:			What office equipment and/or software applications can you operate?	
Are you studying at the present time? If so, what and where?			School, civic, community activities/ organizations, offices held, honors:	
What special skills and qualifications do you have?			Foreign languages (indicate degree of competence):	
Are you legally entitled to work in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, or entered a guilty plea or pleas of nolo contendere, to a crime (felony or misdemeanor), excluding minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No			Military Status BRANCH: DATES: RANK:	

Previously employed by us? Yes No

If so, when? _____

Where? _____

Have you any relatives or friends employed by us? Yes No If so, please give names and relationships.

Why are you applying? _____

Who referred you to us? _____

In the following spaces, give a complete record of your employment, including, if any, periods of self-employment. Begin with your most recent employment and work back. For dates of employment, list both the **month** and **year**. If additional space is needed, attach a supplementary sheet.

Are you presently employed? Yes No

If so, may we contact your present employer? Yes No

Contact Name: _____

Contact Telephone Number: _____

I. NAME OF PRESENT/LAST EMPLOYER:

Address: _____

Dates Employed: From _____ To _____ Ending Salary: _____

Telephone Number: _____ Supervisor's Name and Position _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

II. NAME OF PREVIOUS EMPLOYER:

Address: _____

Dates Employed: From _____ To _____ Ending Salary: _____

Telephone Number: _____ Supervisor's Name and Position _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

III. NAME OF PREVIOUS EMPLOYER:

Address: _____

Dates Employed: From _____ To _____ Ending Salary: _____

Telephone Number: _____ Supervisor's Name and Position _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

IV. NAME OF PREVIOUS EMPLOYER:

Address: _____

Dates Employed: From _____ To _____ Ending Salary: _____

Telephone Number: _____ Supervisor's Name and Position _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

ACKNOWLEDGEMENT

Because of the special relationship of trust and service placed in the individuals who are called to serve for a Christian ministry, Orphan Outreach conditions employment on, among other things, the results of previous employer references, pastor references, and other general references and investigations.

I have read and completed application carefully and certify that all information contained in this application and any attachments to it are true and complete to the best of my knowledge. I further authorize Orphan Outreach to make such investigation and inquiries of my prior employment, my qualifications and abilities, my statements in this application and any attachments to it, my criminal history/records, and any other related matters in arriving at an employment decision. I hereby authorize my previous employers, educational institutions, and religious denominations, churches, and other organizations to provide all information that they may have concerning my past employment, education, service, membership, or affiliation. In addition, I hereby release Orphan Outreach and its officers, directors, employees, and other agents of and from any and all of potential liability arising from such investigation and inquiries of the above information and/or the completion of any criminal record check requirements.

I understand that any omission of fact or false or misleading information given in this application for employment, any attachments to it, or in my interview(s) may result in the denial of my employment, the withdrawal of my conditional offer of employment, if made, or disciplinary action, up to and including immediate discharge, as applicable. Employment is subject to job availability.

Signature

Date

Orphan Outreach BACKGROUND CHECK AUTHORIZATION

This document is to inform you that, as a part of our procedure for processing your employment application or otherwise determining your eligibility for a position with Orphan Outreach, criminal records, credit reports and other background checks may be obtained regarding you for employment purposes. This inquiry may, by the nature of the data collected in such records, include information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable.

I, _____, hereby consent to and authorize Orphan Outreach to obtain one or more consumer/investigative reports on me in connection with my application for employment. Such reports may include, but are not limited to, information regarding my criminal record, driving record, credit, employment history and performance, or other investigative reports. I understand that the agencies from which this report or reports may be sought may include, without limitation, criminal records search agencies, consumer information/credit bureaus, and the like. I also understand that this authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested in connection with my employment at Orphan Outreach.

I acknowledge that I read the information contained on this form carefully and certify that all of the information completed by me on the attached Orphan Outreach Background Authorization Data Form and as contained in my previous application for employment with Orphan Outreach (and any attachments to it) were and are true and complete to the best of my knowledge. I also hereby release Orphan Outreach and its officers, directors, trustees, employees and other agents, and all other persons, companies, schools, consumer information agencies, record search firms and other entities, of and from any and all potential liability arising from inquiries by Orphan Outreach and its agents regarding the above background checks and/or the compilation or use of such reports regarding me.

Signature

Date

ORPHAN OUTREACH BACKGROUND CHECK AUTHORIZATION DATA

Please complete the following for proper identification purposes:

Name: _____
Last
First
Middle

Previous Legal Name: _____ Year Changed: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State: _____

Residence: _____ County: _____ State: _____ Zip: _____

Have you lived at your current address for longer than 90 days? Yes* No

* If yes, how long? _____

Please list all other cities, counties and states in which you have lived within the past 10 years. If you need additional space, please attach a separate sheet.

City	County	State	Years
City	County	State	Years
City	County	State	Years

Please list any other names or Social Security Numbers that you have used and the date(s) changed.

Please list any convictions, guilty pleas or pleas of nolo contendere/no contest (felony or misdemeanor), excluding minor traffic violations, and provide date(s), court of jurisdiction, county/parish and state.

Note: Information regarding your date of birth will need to be obtained for purposes of your background check but will be collected through a "blind" procedure designated by Orphan Outreach to conduct such background reviews.

Signature

Date