



205 West Wall Street
Algood, TN 38506
Office: 931.537.9830
Fax: 931.537.3086
mail@trinityalgood.com

EMPLOYMENT APPLICATION

Application Date: _____

PERSONAL

Name: _____

Current Address: _____

Home Phone: _____

Alternate Phone: _____

Email: _____

Date of Birth: _____

EDUCATION

High School: _____

Last Grade Completed: _____

College: _____

College: _____

Vocational School: _____

Degree / Last Year Completed: _____

SEEKING

Position / type of job applying for: _____

Seeking: Full-Time Part-Time

Hours Available: _____

Willing to work overtime? Yes No

Willing to work weekends? Saturdays Sundays

Date available to start work: _____

Minimum pay rate you will consider: _____

Legally entitled to work in the USA? Yes No

Do you have transportation to work? Yes No

Valid Driver's License? Yes No State: _____

License Type & No.: _____

Have you ever been convicted of a crime other than minor traffic violations? Yes No

If yes, please explain: _____

CHURCH BACKGROUND

Are you born again? Yes No

Date of Conversion: _____

Have you been baptized in the Holy Ghost with the evidence of speaking other tongues? Yes No

Date of Infilling: _____

Are you a member of a church? Yes No

If yes, Church Name: _____

Church Phone: _____

Church Address: _____

Are you in agreement with the teachings and beliefs of TRINITYalgood? Yes No

EMPLOYMENT HISTORY

Please list all employers within the last 10 years, beginning with the most recent:

Company Name: _____ Dates Employed - from: _____ to: _____

Company Address: _____

Supervisor Name: _____ Phone: _____

Reason for leaving: _____ Salary: _____

Company Name: _____ Dates Employed - from: _____ to: _____

Company Address: _____

Supervisor Name: _____ Phone: _____

Reason for leaving: _____ Salary: _____

Company Name: _____ Dates Employed - from: _____ to: _____

Company Address: _____

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Company Address: _____

Supervisor Name: _____ Phone: _____

Reason for leaving: _____ Salary: _____

Company Name: _____ Dates Employed - from: _____ to: _____

Company Address: _____

Supervisor Name: _____ Phone: _____

Reason for leaving: _____ Salary: _____

Did you work for any of these companies under a different name(s)? Yes No

If yes, please explain and give name used: _____

List name of all *other* companies/churches where you have worked: _____

Please explain any time period gaps in your work history: _____

Have you ever been discharged from any employment? Yes No

If yes, please explain: _____

ADDITIONAL INFORMATION/SKILLS

Please list any additional skills you may have or any additional information we might find helpful: _____

REFERENCES

Provide three persons not related to you, whom you have known at least one year.

Name: _____ Business: _____
Address: _____ Years known: _____
Phone: _____ Email: _____

Name: _____ Business: _____
Address: _____ Years known: _____
Phone: _____ Email: _____

Name: _____ Business: _____
Address: _____ Years known: _____
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GENERAL POLICY STATEMENT

This **TRINITYalgood, Inc.** application is not to be construed as an employment contract nor is any other document to be taken as such. I understand that violation of **TRINITYalgood, Inc.**'s policies which may lead to termination of employment include, but are not limited to: (1) Not showing up for work at the appointed time and not notifying **TRINITYalgood, Inc.**; (2) Excessive absenteeism or tardiness; (3) Insubordination; (4) Any behavior or language that would reflect negatively on **TRINITYalgood, Inc.** its employees or church members; (5) Unauthorized possession of, or removal of, church property, or any involvement in any unlawful situation that could lead to questionable character; (6) Failure to comply with **TRINITYalgood, Inc.**'s substance abuse policy; (7) Falsification of any information on employment application (8) Disclosure of any confidential church information. I, the undersigned, do hereby declare that all statements contained in this application are true and correct and understand that any false or inaccurate information in this application will be the basis for termination. I also understand and agree that I may be expected to work on a wide variety of job assignments, and agree to accept assignments for which I am qualified as they become available. I also agree to submit to a drug and/or alcohol screen upon request or as specified in **TRINITYalgood, Inc.**'s substance abuse policy.

Applicant's signature: _____ Date: _____

TRINITYalgood
CONSUMER AUTHORIZATION AND RELEASE

In connection with TRINITYalgood considering me for employment, continued employment, promotion, or reassignment, I authorize TRINITYalgood and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by TRINITYalgood, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release TRINITYalgood, its affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof, I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT Requested by: 422132

Full Legal Name: _____ DOB: _____

Other Names Used: _____ S. S. Number: _____

Driver's License Number: _____ State Issued: _____

Current Address: _____ How Long: _____

Previous Address: _____ How Long: _____

Previous Address: _____ How Long: _____

List all city/states resided at since age 18: _____

Signature: _____ Date: _____

May we contact your current employer? Yes No

Employer Name: _____ Dates Employed - from: _____ to: _____

City: _____ Telephone: _____

Employer Name: _____ Dates Employed - from: _____ to: _____

City: _____ Telephone: _____

Employer Name: _____ Dates Employed - from: _____ to: _____

City: _____ Telephone: _____

High School Name: _____ Dates Attended - from: _____ to: _____

City, State: _____ Last Year Completed: 1 2 3 4

Telephone: _____ Degree(s): _____

Last name (if different while in High School): _____

- "Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purposes.

TRINITYalgood
CONSUMER AUTHORIZATION AND RELEASE

In connection with **TRINITYalgood** considering me for employment, continued employment, promotion, or reassignment, **TRINITYalgood** may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

Name: _____

Date: _____

Signature: _____