



Trinity Assembly of God, Inc.
205 W. Wall Street
Algood, TN 38506
931.537.9830
mail@trinityalgood.com

EMPLOYMENT APPLICATION

DATE: _____

SOCIAL SECURITY NUMBER: _____

Full Name: _____
Last First Middle

Address: _____
Street/R.R. Box City State Zip

Telephone: _____
Home Alternate

- EDUCATION -

High School: _____ College: _____
Last grade completed/Did you graduate?

Vocational School: _____ Degree/Last Year Completed: _____

POSITION/TYPE OF JOB APPLYING FOR: _____

Are you seeking full or part-time employment? _____ Hours Available: _____

Are you willing to work overtime? [] Yes [] No [] Saturdays [] Sundays

Date available to start work: _____ Minimum pay rate you will consider: _____

Are you legally entitled to work in the United States? [] Yes [] No

Do you have a 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 _____

Do you have transportation to get to work? [] Yes [] No

EMERGENCY CONTACT: Name: _____ Phone: _____

- RELIGIOUS AFFILIATIONS -

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, phone number & address: _____

- 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: _____

Duties: _____

Reason for leaving: _____ Salary: _____

Company Name: _____ Dates Employed: from _____ to _____

Company Address: _____

Supervisor Name: _____ Phone: _____

Duties: _____

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Company Address: _____

Supervisor Name: _____ Phone: _____

Duties: _____

Reason for leaving: _____ Salary: _____

Company Name: _____ Dates Employed: from _____ to _____

Company Address: _____

Supervisor Name: _____ Phone: _____

Duties: _____

Reason for leaving: _____ Salary: _____

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

If yes, please explain & give name used: _____

List names 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: _____

- GENERAL POLICY STATEMENT -

This **TRINITY ASSEMBLY OF GOD, INC.** application is not be construed as an employment contract nor is any other document to be taken as such. I understand that violation of **TRINITY ASSEMBLY OF GOD, 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 **TRINITY ASSEMBLY OF GOD, INC.**; (2) Excessive absenteeism or tardiness; (3) Insubordination; (4) Any behavior or language that would reflect negatively on **TRINITY ASSEMBLY OF GOD, 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 **TRINITY ASSEMBLY OF GOD, 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 **TRINITY ASSEMBLY OF GOD, INC.**'s substance abuse policy.

Signature

Date

TRINITY ASSEMBLY OF GOD
CONSUMER AUTHORIZATION AND RELEASE

In connection with TRINITY ASSEMBLY OF GOD considering me for employment, continued employment, promotion or reassignment, I authorize TRINITY ASSEMBLY OF GOD 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 TRINITY ASSEMBLY OF GOD, 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 TRINITY ASSEMBLY OF GOD, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their 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 NAME _____ DOB * _____ SS# _____

CURR. ADDR. _____ Dr. Lic. # _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

Signature _____ Date _____

APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER ?) Y [] N []

BUSINESS

Employer Name City Tel Dates From To

Employer Name City Tel Dates /

Employer Name City Tel Dates /

Last name while employed at any above, if different _____

HIGH SCHOOL

Name City, St. Tel Dates From To

Years attended Most recent Last year completed: 1 2 3 4 Degree(s)

Name City, St. Tel Dates /

Last name if different while in High School _____

PLEASE PRINT

* "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 purpose.

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TRINITY ASSEMBLY OF GOD
CONSUMER AUTHORIZATION AND RELEASE

CONSUMER DISCLOSURE

(FCRA-1)

In connection with TRINITY ASSEMBLY OF GOD considering you for employment, continued employment, promotion or reassignment, TRINITY ASSEMBLY OF GOD 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:

PRINT NAME

DATE

SIGNATURE