



- WICHITA FALLS -
FAITH MISSION
EVERY STORY MATTERS

Application for Employment

No question on this application is used for the purpose of limiting or excluding an application from consideration for employment on a basis prohibited by local, state, or federal law. If you need accommodation to complete this application, please notify a representative of the organization.

Applicants Full Name _____ Date _____

First _____ Middle _____ Last _____

Position(s) applied for or type of work desired _____

Address _____

Phone # _____ Cell # _____

Email _____

Type of employment desired: Full Time _____ Part Time _____ Temporary _____

Date you will be available to start work _____

Are you able to meet the attendance requirements? Yes _____ No _____

Do you have any objections to working overtime if necessary? Yes _____ No _____

Can you travel if required by this position? Yes _____ No _____

If you are under 18, can you provide a work permit if required? Yes _____ No _____

Driver's License Number (if driving is an essential job duty) _____

How were you referred to us? _____

EMPLOYMENT INFORMATION

Current Employer _____ Dates Employed From _____ To _____

Employer Address _____

(Street Address (no P.O. Boxes) ☒ City State Zip County)

Employer Phone # _____ Position _____

Supervisor or Contact _____

OK to contact: Yes _____ No _____

EMPLOYMENT INFORMATION

Previous Employer _____ Dates Employed From _____ To _____

Employer Address _____

(Street Address (no P.O. Boxes) ☐ City State Zip County

Employer Phone # _____ Position _____

Supervisor or Contact _____

OK to contact: Yes _____ No _____

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Supervisor or Contact _____

OK to contact: Yes _____ No _____

Other Skills and Qualifications

Summarize any job-related training skills, computer knowledge, licenses, certificates, and any other information you believe is relevant to your qualifications for this job.

Military:

Are you a current or former member of the Armed Services? Yes ____ No ____ Former ____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Educational History

Type of School	Name of School	Major & Degree or Years Completed
High School		
College		
Business or Trade School		
Professional School		

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my realse from employment.

Signature: _____ Date: _____