– WICHITA FALLS –
FAITH MISSION
EVERY STORY MATTERS

Application for Employment

No question in 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.

Date_____

Applicants Full Name

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_____

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_____

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_____

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_____

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_____

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 release from employment.

Signature:_____ Date:_____