Beulah Community Church
201 Grace St.
Girard, KS 66743

Questions or Application Submission:
Mail to: Youth Pastor Search Committee
204 S. Cherokee, Girard, Kansas 66743
or email bccsearchcommittee@beulahkschurch.org

EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limited or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process shall notify a representative of the organization.

Applicant Name:	Date:		
Address:	City:	State:	Zip:
Telephone #:	Email address:		
Date you will be available to start work:	Salary Expectations: $		

Check Yes or No to the following questions.

Can you travel if required by this position?	Yes ☐	No ☐
Can you submit proof of legal employment authorization and identity?	Yes ☐	No ☐

Driver's license number:		Expiration date:		State	

Check Type:

Operator	☐	Commercial (CDL)	☐	Chauffeur	☐

How did you hear about our opening?

- ☐ Word of Mouth
- ☐ Church Website
- ☐ Facebook
- ☐ Employment Board (Indeed, ZipRecruiter)
- ☐ University Job Posting
- ☐ Other (please provide)

Educational History

High School:

College/University:

Seminary Training:

Date of Ordination:

Employment History

Please provide all employment information for your past three employers starting with the *most recent.* Resume may be substituted to complete this section.

Employer:		Position Held:
Address:		
Telephone #:		
Dates Employed:	From:	To:
Job Summary		
Reason For Leaving:		
May we contact your previous employer?:	Yes	No

Employer: adff		Position Held:
Address:		
Telephone #:		
Dates Employed:	From:	To:
Job Summary		
Reason For Leaving:		
May we contact your previous employer?:	Yes	No

Employer:		Position Held:
Address:		
Telephone #:		
Dates Employed:	From:	To:
Job Summary		
Reason For Leaving:		
May we contact your previous employer?:	Yes	No

Other Skills and Qualifications:

List Three References:

Name:	Address:	Phone Number:	Years Known:
1.			
2.			
3.			

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature:	Date: