

Employment Application



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 Milford, DE 19963
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Last Name	First	Middle	Date of Application
Street Address			Home Telephone
City, State, Zip Code			Work Telephone
Position Desired	Date Available	Salary Desired	How did you hear about us
Type of Employment Desired Full Time Part Time Temporary _____		Are you legally eligible for employment in this country? Yes No *Proof of U.S. citizenship or immigration status will be required upon employment.	
S.S.#: _____		/ D.O.B.: _____	

EDUCATION

Level	Name and Location of School	Diploma or Degree (Credits Earned if No Degree)	Attendance Dates		Major
			From Mo/Yr	To Mo/Yr	
High School					
Business, Trade or Technical*					
College*					
Graduate School*					
Other*					

*If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded:

Degree: _____ Name At Time Earned: _____

SKILLS AND QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., computer skills, software applications, and foreign languages):

Employment Application

EMPLOYMENT HISTORY

List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below. Please use the "Employment History Continuation Sheet" if additional space is needed.

(1) Present/Most Recent Employer Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
	From Mo/Yr	To Mo/Yr	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title / Phone # of previous employer:	\$	per	
Type of Employment Full Time Part Time	Hourly Rate/Salary		
Temporary Other	Final		
Reason for leaving or why you are considering leaving?	\$	per	

If currently employed, may we contact for reference? Yes No

(2) Next Previous Employer Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
	From Mo/Yr	To Mo/Yr	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title / Phone # of previous employer:	\$	per	
Type of Employment Full Time Part Time	Hourly Rate		
Temporary Other	Final		
Reason for leaving?	\$	per	

(3) Next Previous Employer Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
	From Mo/Yr	To Mo/Yr	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title / Phone # of previous employer:	\$	per	
Type of Employment Full Time Part Time	Hourly Rate		
Temporary Other	Final		
Reason for leaving?	\$	per	

COMMENTS (including explanation of any gaps in employment):

REFERENCES

List three business/work references who are **NOT** related to you and are **NOT** previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known	In what capacity did this person observe you or your work?

SPECIAL ACCOMPLISHMENTS, PUBLICATIONS AND AWARDS

Exclude information that would reveal sex, race, religion, national origin, age, color, or disability.

OTHER INFORMATION

Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense? Omit (1) traffic fines, (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar authority. (A yes response will not necessarily disqualify you from employment.) **Yes** **No**
 If checked yes, please explain below.

Have you ever interviewed for a job with GOD’S WAY MINISTRIES, Inc.? **Yes** **No**
 If yes, when? Where?

Have you ever been employed by GOD’S WAY MINISTRIES, Inc.? **Yes** **No**
 If yes, when? Where?

Are any relatives or friends currently employed at GOD’S WAY MINISTRIES, Inc.? **Yes** **No**
 Name of employee(s) Business unit where employed

What prompted your application to GOD’S WAY MINISTRIES, Inc.?
 (Please indicate name of ad/friend)

PLEASE REVIEW APPLICATION CAREFULLY.

PLEASE READ THE FOLLOWING AND SIGN THE APPLICATION IN THE SPACES PROVIDED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK WITH THE HUMAN RESOURCES REPRESENTATIVE BEFORE SIGNING.

I understand that employment by GOD’S WAY MINISTRIES, Inc. and any of its companies is “at will.” This means that the employment relationship can be ended by me or by GOD’S WAY MINISTRIES, Inc. at any time for any reason with or without advanced notice and with or without cause. It also means that GOD’S WAY MINISTRIES, Inc. may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon GOD’S WAY MINISTRIES, Inc. to continue to employ me in the future or for any specific term. Notwithstanding the above, I understand that no representative of GOD’S WAY MINISTRIES, Inc., except the president, has any authority to enter into any agreement of employment for a definite term. Any such agreement must be in writing and signed by the president.

If employed by GOD’S WAY MINISTRIES, Inc., I agree to comply with all safety and health rules, company policies and procedures, and local, state, and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in my immediate dismissal.

I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:

Signature of Applicant _____ Date _____

INVESTIGATION AUTHORIZATION

By signing below, I hereby authorize GOD’S WAY MINISTRIES, Inc. to conduct an investigative report and/or reference check concerning all statements contained in my application for employment; to interview all employers, references, and other individuals and institutions to obtain information and opinions about me; and to conduct any other investigation that it deems appropriate. Such investigation may include but is not limited to my education, employment history (except my current employer if I have so indicated above), character, general reputation, driving record, credit history, and criminal record. In the event that I am employed by GOD’S WAY MINISTRIES, Inc., I hereby authorize GOD’S WAY MINISTRIES, Inc. to answer any inquires regarding my employment, conduct, qualifications, and reasons for leaving.

I understand that I have the right to request GOD’S WAY MINISTRIES, Inc. to disclose to me, completely and accurately, the nature and scope of the investigation. (Such a request must be made in writing to the human resources department within a reasonable time after you have completed and signed this authorization.)

In exchange for being considered for employment, I hereby release GOD’S WAY MINISTRIES, Inc., its employees, and agents, as well as any law enforcement agency, current or former employer, educational institution, credit agency, or any other individual providing information about me to GOD’S WAY MINISTRIES, Inc., from any liability arising from disclosure of such information that is obtained during said investigation.

Signature of Applicant

Date