



**Employment History**

Employer name, address  phone	Immediate supervisor name & title  reason for leaving	Dates employed from _____ to _____  Starting salary _____ Ending salary _____
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**References**  
*do not include relatives*

Name _____	phone _____	email _____	occupation _____	# of years known _____
Name _____	phone _____	email _____	occupation _____	# of years known _____
Name _____	phone _____	email _____	occupation _____	# of years known _____
Name _____	phone _____	email _____	occupation _____	# of years known _____

**Other**

<p>Do we have permission to contact your current/previous employers? Yes No</p> <p>Is there any information we would need about your name, or use of another name, for us to be able to check your work record? Yes No</p> <p>Please specify.</p>	<p>How were you referred?</p> <p>Do you have any relatives who are employed by the Church? Yes No</p> <p>Please specify.</p> <p>Have you ever been employed by any jurisdiction of the Church? Yes No</p> <p>If yes, please state when and where and give the name of your supervisor.</p>	<p>Have you ever been convicted of any offense against the law or are you now under charges for any offense against the law? Yes No</p> <p>If your answer is yes, please give details.</p> <p><i>NOTE: A conviction does not automatically mean you cannot be considered for employment. However, any misrepresentations, omissions, or falsifications will result in your application being rejected.</i></p>
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**Application Statement**

I understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the First Presidency. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of at least six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or wilful omission shall be sufficient cause for dismissal or refusal of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Save & SUBMIT application to HRM@cofchrist.org**

*If you have a supplemental information, (i.e., cover letter, resume, etc.) to share with us, you can attach it to your email when you “SUBMIT”, or you may prefer to print your completed application and fax or mail it to us.*