Application for Employment



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name	
Last	First Middle
Address	
Telephone # () Cellular/Other Phone # ()
Position(s) applied for	Date of Application
Referral Source (Please check the appropriate category and list	the source.)
□ Walk-in — □	Employee —
□ Advertisement — □	Church's Website
□ Other —	
If necessary, best time to call you is: Home Cellular/Other	Will you work overtime if required? □Yes □ No If no , please explain
May we contact you at work? □ Yes □ No If yes , work number and best time to call:	Are you able to perform the "essential functions" of the job
If you are under 18 and it is required, can you furnish a work permit? □ Yes □ No If no , please explain:	for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be
Have you submitted an application here before? □Yes □ No If yes , give date(s) and position(s)	
Have you ever been employed here before? □Yes □ No If yes , give dates: From: To:	Driver's license number required if driving may be required in the job for which you are applying:
Is this application a request for reemployment following an extended military leave of absence from this company?	—————————————————————————————————————
If yes, additional information may be requested.	Have you ever pleaded "guilty" or "no contest" to
Are you legally eligible for employment in this country? □Yes □ No	or been convicted of a crime?
Dates available for work:	tion and position applied for will be taken into account. NOTE: You are not obligated to disclose convictions that have been sealed.
What is your desired salary range or hourly rate of pay?	If yes , please provide date(s) and details
\$ Per	
Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Temporary ☐ Educational Co-Op	Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for First Presbyterian Church?
Will you travel if job requires it? □Yes □No	□Yes □ No
If they have been explained to you, are you able to meet the attendance requirements of the position? □N/A □Yes □ No	If yes , please explain

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed:Month/Year	to Month/Year
Street address	City State	Compensation (St	tarting)
Starting job title/final job title		☐ Hourly ☐ Salary	\$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference?	Commission/Bonus/Other Compensation	\$ per
Why did you leave?	E-mail	Compensation (I	Final)
Summarize the type of work performed and job responsibilities		☐ Hourly ☐ Salary	\$ per
		Commission/Bonus/Other Compensation	\$ per
Employer	Telephone #	Dates employed:Month/Year	_ to Month/Year
Street address	City State	Compensation (St	
Starting job title/final job title			\$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? ☐ Yes ☐ No ☐ Later	Commission/Bonus/Other Compensation	\$ per
Why did you leave?	E-mail	Compensation (I	Final)
		☐ Hourly ☐ Salary	\$ per
Summarize the type of work performed and job responsibilities		Commission/Bonus/Other Compensation	\$ per
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Employer	Telephone #	Dates employed:Month/Year	to Month/Year
	()	Month/Year	Month/Year
Employer Street address	Telephone # () City State	Month/Year Compensation (St	Month/Year
	()	Month/Year	Month/Year
Street address	City State May we contact for reference?	Month/Year Compensation (St	Month/Year
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Employment History (continued)							
Explain any gaps in your employment, other	er than those due to pe	ersonal illness, ir	njury, or disability	/			
If not addressed on previous page, have you find the second of the secon			-				es 🗆 No
Skills and Qualifications							
Summarize any special training skills, licen	ses and/or certificates	that may assist	you in performir	ng the position	for which you ar	e applying:	
Computer skills (Check appropriate boxes. Includ	e software titles and years of	experience.)					
■ Word Processing	Years:		□ Internet _	☐ Internet		Years:	
☐ Spreadsheet	Years:		□ Other	■ Other		Years:	
☐ Presentation	Years:		□ Other	Other			
□ E-mail				Other			
	Tcars		- Other		<u>'</u>	cars.	_
Educational Background							
Starting with your most recent school a	attended, provide th	e following info	ormation:				
Cabaal (in alcida Cibo as	ad Otata)	Years	0.00	on late d	GPA	NA sis n/NAi	
School (include City ar	iu State)	Completed	□ Diploma	npleted GED	Class Rank	Major/Mi	HOI
			□ Degree _		_		
			☐ Certification	n	_		
			☐ Other	D GED	_		
			□ Degree				
			□ Certification	n			
			□ Other		_		
			□ Diploma	□ GED			
			□ Degree —		-		
				n	-		
			Other		_		
			☐ Diploma☐ Degree —				
			□ Certification				
			□ Other —				
References							
List names and telephone numbers of three three school or personal references who ar		ences who are <i>n</i>	ot related to you	ı are are not pr	evious superviso	ors. If not appli	icable, list
Name	Title		Relationship to You	Telephone	E-ma	ail	# Years Known
Name	Tiue		10 100	Тогорионо	L-IIIc		TATIOWIT

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude membership that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve. National Guard or any other similarly protected status.

Organization	Office Held		
List special accomplishments, publications, awards, etc. Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citiz veteran/reserve, National Guard or any other similarly protected status.	enship, age, mental or physical disabilities,		
Is there any other job-related information you want us to know about you?			

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employement on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by First Presbyterian's Chief Operating Officer.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal imigration laws require me to complete an I-9 Form in this regard. I also understand that if I am hired, a background check will be required.

First Presbyterian Church of Tulsa, Oklahoma, does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. First Presbyterian Church of Tulsa, Oklahoma, does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative sterotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demeans, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). First Presbyterian Church of Tulsa, Oklahoma, takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms of the foregoing Applicant	Statement.
Signature of Applicant	Date