

# Application for Employment

## Free Sacred Trinity Church (“FSTC”)

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We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. However, we are a drug-free and smoke-free workplace. FSTC may use the information given in the application to investigate the applicant's previous employment and background.

The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.

**Directions:** You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. If you do not have all information with you at this time (date, telephone numbers, addresses, etc.), please keep this application and return it when it is completed. **PLEASE PRINT.**

### *Personal Information*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Position for which you are applying:** \_\_\_\_\_

**Name**

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Last	First	Middle
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**Other Name(s) Used:**

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Last	First	Middle
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**Current Address:**

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Number & Street Name	From - To Residence Dates
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City	State	Zip Code
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***Personal Information***

**Previous Addresses for  
the last 7 years:  
(Attach a separate  
sheet if necessary)**

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Number & Street Name	From - To Residence Dates
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City	State	Zip Code
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Number & Street Name	From - To Residence Dates
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City	State	Zip Code
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Number & Street Name	From - To Residence Dates
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City	State	Zip Code
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**Phone Numbers:**

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Home	Work/Ext.	Other
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**Email Address:**

**Were you a member of  
the U.S. Armed Forces?**

yes  no    Branch: \_\_\_\_\_

Date of Duty from \_\_\_\_\_ to \_\_\_\_\_

**Type of  
Separation/Discharge**

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### *Employment Desired*

Date you can start:	Salary Desired:	
Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no	If so, may we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever applied to FSTC? <input type="checkbox"/> yes <input type="checkbox"/> no	When?	Where?
Have you been employed with us before? <input type="checkbox"/> yes <input type="checkbox"/> no	When?	Position:
Are you related to a current employee?  <input type="checkbox"/> yes  <input type="checkbox"/> no	If yes, please write the name of the employee.  _____	
How did you hear about this position?	<input type="checkbox"/> Indeed <input type="checkbox"/> ZipRecruiter <input type="checkbox"/> Craigslist	<input type="checkbox"/> Business Associate/ Friend <input type="checkbox"/> Other:
Can you travel if a job requires it?	<input type="checkbox"/> yes <input type="checkbox"/> no	

### *Professional Certifications*

*Please list all licenses or certificates you have (attach a separate sheet if necessary):*

Type	Issuing Agency & State	Number	Initial Issue Date	Expiration Date

**Education**

	<b>High School/GED</b>	<b>Undergrad. Education</b>	<b>Graduate or Professional Education</b>	<b>Other (Trade School, etc.)</b>
<b>Name &amp; Address &amp; Phone</b>	_____ _____  Phone: _____	_____ _____  Phone: _____	_____ _____  Phone: _____	_____ _____  Phone: _____
<b>Last year attended</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  9 10 11 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  1 2 3 4  Major: _____ Minor: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  1 2 3 4  Major: _____ Minor: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  1 2 3 4
	Graduate? <input type="checkbox"/> yes <input type="checkbox"/> no  If not, do you have an equivalency certificate (e.g., GED)?  <input type="checkbox"/> yes <input type="checkbox"/> no	Graduate? <input type="checkbox"/> yes <input type="checkbox"/> no  _____ G.P.A  Degree/ Course of Study: _____	Graduate? <input type="checkbox"/> yes <input type="checkbox"/> no  _____ G.P.A  Degree/ Course of Study: _____	Graduate? <input type="checkbox"/> yes <input type="checkbox"/> no  Degree/ Course of Study: _____
<b>Foreign Language(s)</b>	1 _____  2 _____	<input type="checkbox"/> Speak  <input type="checkbox"/> Speak	<input type="checkbox"/> Write  <input type="checkbox"/> Write	<input type="checkbox"/> Read  <input type="checkbox"/> Read

**List Specialized Skills, Training, Apprenticeships and extra-curricular activities:**

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## **Employment History**

*Directions: Start by listing your most recent job. Include any job-related military service assignments and volunteer activities.*

<b>Employer's Name</b>	_____
<b>Address</b>	_____
<b>State and Zip Code</b>	_____
<b>Phone Number</b>	_____
<b>Employment Dates</b>	<b>from</b> _____ <b>to</b> _____
<b>Job Title</b>	_____
<b>Work Performed</b>	_____ _____
<b>Supervisor's name</b>	_____
<b>Reason for leaving</b>	_____
<b>May we contact employer:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____

<b>Employer's Name</b>	_____
<b>Address</b>	_____
<b>State and Zip Code</b>	_____
<b>Phone Number</b>	_____
<b>Employment Dates</b>	<b>from</b> _____ <b>to</b> _____
<b>Job Title</b>	_____
<b>Work Performed</b>	_____ _____
<b>Supervisor's name</b>	_____
<b>Reason for leaving</b>	_____
<b>May we contact employer:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____

<b>Employer's Name</b>	_____
<b>Address</b>	_____
<b>State and Zip Code</b>	_____
<b>Phone Number</b>	_____
<b>Employment Dates</b>	<b>from</b> _____ <b>to</b> _____
<b>Job Title</b>	_____
<b>Work Performed</b>	_____ _____
<b>Supervisor's name</b>	_____
<b>Reason for leaving</b>	_____
<b>May we contact employer:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____

**Employment History (Continued)**

**Employer's Name & Address** \_\_\_\_\_

\_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Employment Dates**      *from* \_\_\_\_\_ *to* \_\_\_\_\_

**Job Title** \_\_\_\_\_

**Work Performed** \_\_\_\_\_

\_\_\_\_\_

**Supervisor's name** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

**May we contact employer:**     yes    no   *If no, why not?* \_\_\_\_\_

**Employer's Name & Address** \_\_\_\_\_

\_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Employment Dates**      *from* \_\_\_\_\_ *to* \_\_\_\_\_

**Job Title** \_\_\_\_\_

**Work Performed** \_\_\_\_\_

\_\_\_\_\_

**Supervisor's name** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

**May we contact employer:**     yes    no   *If no, why not?* \_\_\_\_\_

*If more space is needed, please attach a separate sheet of paper.*

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**General Information**

***If you are under age 18, can you provide proof of your eligibility to work?***

yes  no

***Are you legally eligible to work in the United States?\****

yes  no

***Have you ever been fired from a job?***

yes  no

***If so, please explain:***

Termination  
Date:

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***Do you smoke?***

yes  no

***Are you a Christian?***

yes  no

***Are you actively practicing your faith?***

yes  no

***Do you have any issues with adhering to the following creed?***

yes  no

The Free Sacred Trinity Church is a religious organization based on the Judeo-Christian traditions. Through the establishment of Holistic Health Centers, as missions of the church, FSTC promotes spiritual and physical healing through the teachings about mind, body, and spiritual beliefs as stated in the Bible. We believe in serving all humanity through the teachings of the Father, Son and Holy Ghost. Within the church, we follow a way of spiritual growth and development, becoming whole in theological discipline, seeking the Holy Spirit within. We believe that each of the faithful of the church is following a pathway provided by our Heavenly Father. From many different and varied faiths and religious experiences, from all histories and traditions, we learn from one another. We believe that each of the faithful seeks oneness with God. We seek the union of all with the Lord Jesus Christ.

\*All new hires must produce proof of identity and employment eligibility upon hire in accordance with the Immigration Reform and Control Act.

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## *Professional References*

**Directions:** List professional references that know your work. Do not include personal references.

<b>Name of Person</b>	<b>Organization Name and Address</b>	<b>Position Held</b>	<b>Phone Number</b>	<b>Number of Years Known</b>

### *Authorization*

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

**I Agree**       **I Disagree**

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release FSTC from all liability for any damage that may result from utilization of such information.

**I Agree**       **I Disagree**

I also understand and agree that no representative of FSTC has any authority to enter into any agreement for employment for any specified period of time, or make any agreement to the contrary to the foregoing, unless it is in writing and signed by an authorized FSTC representative.

**I Agree**       **I Disagree**

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American's with Disabilities Act (ADA) and other relevant federal and state laws.

**I Agree**       **I Disagree**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_