



EMPLOYMENT APPLICATION

Christian Record Services, Inc. ("CRS") is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, sex, age, national origin, disability, marital status, or other protected categories under state laws, regulations or local ordinances. CRS prohibits any form of workplace harassment. CRS hires Seventh-day Adventist church members in good standing based on religious preferences permitted by the United States Constitution and controlling law.

Please complete all questions on this application form. You may supplement the application with a resume, if you desire, but all questions on this application must be answered.

PERSONAL INFORMATION

Last Name	First	Middle	Date	
Have you ever used another name for work, school or other purposes? If so, identify name(s) and dates used and circumstances.			Home/Cell Telephone ()	
Street Address			Work Telephone ()	
City, State, Zip			Compensation Requested	
Position(s) Applied for: (1) (2)				
Are you a member of the Seventh-day Adventist Church? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long? _____				
Local SDA church of which you are a member: Pastor:				
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will you now or in the future require sponsorship for employment visa status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever previously applied with or been employed by CRS? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If employed: Month and Year _____				
Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other (specify) _____				
What is your availability for work? <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other If none of the above, what hours/days can you work? _____				
Do you intend to engage in other work while employed by CRS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate employer, position and days/hours of the week employed.				
If your application is considered favorably, when can you begin work?				
Please state all languages (including English) that you speak, read and write proficiently:				
	Speak	Read	Write	Comments:
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Provide complete information on all employment (full-time and part-time) during **the past 10 years or 5 employers**, whichever is greater. Begin with your current or most recent employment. Include full-time, part-time and temporary employment. Explain all gaps in your employment history. Use additional sheets if necessary.

1	Current or most recent Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Compensation Start End
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other (specify)	

2	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Compensation Start End
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other (specify)	

3	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Compensation Start End
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other (specify)	

4	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Compensation Start Last
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other (specify)	

5	Current or most recent Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Compensation Start End
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other (specify)	

Have you ever been terminated from employment or asked/counseled to resign by **any** employer whether or not listed above? ☐ Yes ☐ No
 If yes, please provide employer, location, dates and describe circumstances. _____

SPECIALIZED SKILLS

List all specialized skills you possess and equipment or computer programs which you operate proficiently:

Skills	Equipment/Programs
_____	_____
_____	_____
_____	_____

PROFESSIONAL REFERENCES

Please provide three professional/work references (no family or friends).

Name	Telephone Number	Address	Relationship to You
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

ADDITIONAL INFORMATION

Provide any additional information you believe will assist CRS in considering your application, including membership in professional or civil organizations, specialized training, apprenticeships or other qualifications.

APPLICATION AND HIRING PROCESS

This application will only be considered for the vacancies listed by the applicant. Applicants desiring to be considered for other positions must submit a new application for each position desired. CRS may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by CRS.

CRIMINAL HISTORY INFORMATION

If you are among the final candidates being considered for a position, you will be asked to answer questions regarding any past criminal history. If you refuse to answer, or falsely answer any of the criminal history questions, you will not be further considered for employment.

APPLICANT VERIFICATION

I verify that this application was completed by me and that all of the information provided on this employment application, resumés and other materials submitted to Christian Record Services, Inc. are true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application, exhibits or resumés will result in rejection of my application or termination, if hired, regardless of the date of discovery. **By signing this application, I authorize all persons and organizations, including but not limited to my former and present employers and personal references, to provide CRS and its agents with complete information they may have concerning my character, employment record and suitability for employment with CRS.** If CRS conducts a consumer report or background check about me under the Fair Credit Reporting Act, I will receive a separate notice and authorization for that report.

I understand that this application is not an offer of employment or a contract with CRS. I understand that employment with CRS is "at will" and based on mutual consent. Either CRS or I can cease the employment relationship at any time with or without prior notice or requirement of cause. I understand that no employee of CRS, other than the President, is authorized to enter into any contract or create any employment relationship other than "at will."

I understand that if I am hired by CRS, I will be required to complete a Federal I-9 Form and provide documentation verifying my right to live and work in the United States.

Any conditional employment offer by CRS is subject to my successful completion of all employment prerequisites, including but not limited to verifying employment references and certification/credential (where appropriate) and criminal background and/or credit checks.

If hired by CRS, I will comply with all policies, rules, codes and procedures that may apply to my position and employment.

Date

Applicant Signature

FOR CRS USE ONLY

R E F E R E N C E C H E C K	Employer	Name/Person Contacted	Results
	1		
	2		
	3		
	4		
	5		

I N T E R V I E W C O M M E N T S	Interviewer Name and Comments