

**KLAMATH FALLS GOSPEL MISSION
Application for Employment**

Personal Information:

Name: _____ Date: _____
 Last First M.I.

Address: _____
 Street Apt/Unit#

City State Zip

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Desired Salary: _____

Position Applying For: _____

Are you a citizen of the United States? Yes / No
If NO, are you authorized to work in the U.S? Yes / No

Have you ever worked for this Klamath Falls Gospel Mission? Yes / No
If YES, when? _____

If selected for employment are you willing to submit to a pre-employment drug screening test? Yes / No

Education:

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes / No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes / No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes / No Degree: _____

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Previous Employment:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes / No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes / No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes / No

Military Service:

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, please explain: _____

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References: *Please list three professional references.*

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ City: _____ St: _____ Zip: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ City: _____ St: _____ Zip: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ City: _____ St: _____ Zip: _____

Acknowledgement and Authorization:

Please Initial

_____ I certify that all answers given herein are true and complete to the best of my knowledge.

_____ I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision.

_____ In the event of employment, I understand that false or misleading information give in my application or interview may result in discharge.

Applicant's Signature:

Date:

Interviewed by:

Date:

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APPLICANT – DO NOT WRITE BELOW THIS LINE

Remarks: _____

Neatness: _____ Character: _____

Personality: _____ Ability: _____

Hired: _____ Position: _____ Salary: _____

Approved:

Executive Director Signature:

Manager: