

Date of Application _____

Email Address _____



Guidestone
Solutions for Children, Families & Communities

Application for Employment

Name _____

Last

First

Middle

Address _____

City

State

Zip

Home Phone No. (_____) _____ Social Security No. _____

Cell Phone No. (_____) _____

In Emergency Notify _____ Home Phone No. (_____) _____

Name

Relation

Cell Phone No. (_____) _____

Address

Work Phone No. (_____) _____

City

State

Zip

Is there anything which would limit your ability to perform all the essential duties of the position for which you are applying?

Have you ever been bonded? _____ If yes, on what jobs? _____

Have you ever been convicted of a crime? _____

If yes, describe in full and include dates: _____

State licensing laws require minimum age requirements for certain positions. Do you meet the following requirements:

Are you over the age of eighteen? _____ Are you over the age of twenty-one? _____

Do you have a valid driver's license? _____ Any moving violations/accidents/points on that license? _____

Position(s) applied for _____ Rate of pay expected \$ _____ per week.

Would you work Full-Time _____ Part-Time _____ Specify Days and Hours if Part-Time _____

When would you be available for work? _____

If employed, does this agency have your permission to use photographs which may have been taken during the course of your employment for publications related to the work of the agency? Yes No

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	Last Diploma or Degree
High			1	2	3	4	Yes	
							No	
College			1	2	3	4	Yes	
							No	
Other (Specify)			1	2	3	4	Yes	
							No	

EOE/AA M/F/D/V

Experience

List Below All Present and Past Employment, Beginning with Your Most Recent

Name, Address, City, State, Zip of Company and Type of Business	From		To		Describe the Work You Did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name and Title of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone ()									

Name, Address, City, State, Zip of Company and Type of Business	From		To		Describe the Work You Did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name and Title of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone ()									

Name, Address, City, State, Zip of Company and Type of Business	From		To		Describe the Work You Did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name and Title of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone ()									

Military

Were you in U.S. Armed Forces? Yes ___ No ___ If yes, what Branch? _____

Dates of duty from ____/____/____ to ____/____/____ Rank at discharge _____

List duties in the service including special training _____

Personal References (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms, then sign and date this form at the bottom.

I certify that answers given herein are true and complete, and that if I am employed, any incorrect or misleading information given in this application or any interview can result in discharge.

I authorize investigation of all statements contained in this application. I authorize the companies, schools or persons named to give any information regarding my employment and release them from all liability in connection with releasing information.

I consent to have Guidestone™ contact the people listed on this form for references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work. I also agree to waive liability against persons named as references, provided the information they supply is honest, factual and given without malice.

I understand that employment is "at will", which means that either I or my employer can end the employment relationship at any time, with or without prior notice or disciplinary action, and for no reason or any reason not prohibited by statute. I understand that no supervisor, manager or executive of the employer, other than the President & CEO in writing, has any authority to alter or waive the foregoing.

Date

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Other Comments by Applicant, Continued: _____

Below for Office Use Only

Interviewer	Date	Comments

Disposition of Application

Employed
Date _____
☐ Confirming Letter Sent

Filed For Future Employment
Date _____
☐ Applicant Notified

Rejected
Date _____
☐ Applicant Notified