717-375-4658 | office@antrimbic.net

Instructions: Type or print clearly. Answer all questions.

DATE:			
NAME (Last,	First, Middle):		Social Security #
	Number and Street, City, State, Zip Code)	_	PHONE #
If under 18	, please list age		
Have you v	vorked for a church before?		YesNo
Position ap	oplied for		
	Full-time	Part-time	Temporary
When avail	able for work?		
EDUCATIO	N		
	Name and Address of School	Major	Degree/ Diploma
High School			
College			

Business Trade, <i>or</i> Other School				
SPECIAL SKILLS AND (honors, awards, and special		List any job-relat	ed licenses, sk	xills, training,
Have you ever been co If yes, explain number of co such offense(s) was/were co	nviction(s), nature of off	ense(s) leading t	conviction(s)	
Do you have a valid dri		Yes	No	

EMPLOYMENT HISTORY most recent job)	(Please list your work	experience for the	past five years beginning	g with your
Employer:				
Address:				
Supervisor:		Phone:		
Job Title:		From:	To:	
Duties (List the jobs you held, du worked at this company):	ities performed, skills us	sed or learned, adv	ancements or promotion	s while you
Salary: (beginning)				
Reason for leaving:				
Employer:				<u> </u>
Address:				
Supervisor:		Phone:		
Job Title:		From:	To:	
Duties (List the jobs you held, du worked at this company):	± .		ancements or promotion	s while you
Salary: (beginning)	(ending)			
Reason for leaving:				
Employer:				
Address:				
Supervisor:			Phone:	
Ioh Title	From·	To		

Duties (List the jobs worked at this comp	s you held, duties performed, s pany):	kills used or learned,	advancements or promotic	ns while you
Salary: (beginni	ing) (endi	ng)	_	
Reason for lea	ving:			
REFERENCES:	(Exclude Relatives and Form	er Employers):		
Name/Title	Address & Phone #	Occupation	Relationship	
1				
2	_			
		_		
3.				
COMPLETE TO	T THE INFORMATION C THE BEST OF MY KNO N THIS APPLICATION M	OWLEDGE AND U	UNDERSTAND THAT	ANY FALSE
BY SIGNING THIS	S FORM YOU GIVE US PER	MISSION TO DO A	BACKGROUND CHECK	
DATE:		_		
SIGNATURE: _				

Antrim Brethren in Christ Church 24 Kauffman Road East, Chambersburg, PA. 1720**2 717-**375-4658 | office@antrimbic.net