



EMPLOYMENT APPLICATION

The Naz is an equal opportunity employer. It is the philosophy, intent and commitment of The Naz to adhere to a policy of Equal Employment opportunities for all applicants and employees without regard to race, color, sex, national origin, age, veteran status, pregnancy, mental or physical disability, marital status, or any other status or condition protected by law.

Which location are you interested in pursuing? (Circle the location) Date of Application _____ / _____ / _____

Grove City Church of the Nazarene

Grove City Christian School

Grove City Christian Childcare Center

The Naz Commons (Café & Playplace)

Would you be interested in a position at any of the above locations? _____

If no, please list the locations where you would not accept a position _____

PERSONAL INFORMATION

Name: _____
Last Name First Name Middle Initial

Address: _____
Street

_____ City State Zip Code

_____ Cell Number Home Phone Number

_____ Email Address

If you are under 18 years of age, do you have a work permit/certificate of age? Yes _____ No _____

If you have ever worked under a different name, please identify: _____

JOB INTERESTS

Position Desired: _____ Salary expectations: \$ _____ /hr

Are you available for full-time or part-time work? Full-time _____ Part-time _____ Are you willing to work any shift? Yes _____ No _____

Which days of the week are you able to work (**Please circle**)? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Date you can start work: _____ How did you learn of this job opening? _____

Have you ever worked for a The Naz organization before? Yes _____ No _____

When? _____ Your supervisor's name: _____ Why did you leave? _____

Have you received a referral from a current employee? Who? _____ Location: _____

Do you know anyone who works at any of The Naz locations? Who? _____

EDUCATION & TRAINING Circle Highest Grade Completed:

1 2 3 4 5 6 7 8
Grade School

9 10 11 12
High School

1 2 3 4 5 6 7 8
College

1 2 3 4
Trade/Technical School

Do you have your High School Diploma? Yes _____ No _____ Have you passed your GED? Yes _____ No _____ N/A _____

What was the last school you attended? _____

School/Location: _____ Degree _____ Major/Minor _____
(List the name and location of schools completed. Include High School, College, Graduate, etc.)

Educational Field of Specialization: _____

Honors Received: _____

Scholarships Received: _____

Teacher/Certification/Licensure: _____

Type of Certificate Licensure:	Number:	Expiration Date:
_____	_____	_____
_____	_____	_____

What extra-curricular activities did you participate in, or special skills did you acquire, at the above-circled school(s) which might be helpful for the job in which you are applying? _____

SPIRITUAL

Explain why you desire to work in a Christian environment: _____

Current Church Membership: _____

Responsibilities within your church, past and present: _____

Brief Testimony: _____

WORK HISTORY

ALL APPLICANTS MUST ACCOUNT FOR THE LAST 10 YEARS.

Starting with your present or last job, include and account for all periods of time, unemployment and military service for the last 10 years. If you need additional space, please continue on a separate sheet of paper. Even if you mark "no" indicating that you prefer we not contact your current employer at this time, your current or most recent employer may be contacted AFTER a job offer has been made and accepted. Begin with your current or most recent employer. Are you presently employed? Yes _____ No _____ May we contact your present employer at this time? Yes _____ No _____ Are you on layoff and subject to recall? Yes _____ No _____ If yes, to where? _____

1). Present or Last Employer: _____

Address: _____

Type of Business: _____ Phone: _____

Starting Position: _____ Final Position: _____ Starting Pay \$ _____ Final Pay \$ _____

Reason for Leaving: _____ Dates Employed: From: _____ To: _____
month/year month/year

Name & Title of Supervisor: _____

Description of Work Responsibilities: _____

Will you receive a satisfactory reference from this employer? Yes _____ No _____

If "no", please explain: _____

2). Next Previous Employer: _____

Address: _____

Type of Business: _____ Phone: _____

Starting Position: _____ Final Position: _____ Starting Pay \$ _____ Final Pay \$ _____

Reason for Leaving: _____ Dates Employed: From: _____ To: _____
month/year month/year

Name & Title of Supervisor: _____

Description of Work Responsibilities: _____

Will you receive a satisfactory reference from this employer? Yes _____ No _____

If "no", please explain: _____

3). Next Previous Employer: _____

Address: _____

Type of Business: _____ Phone: _____

Starting Position: _____ Final Position: _____ Starting Pay \$ _____ Final Pay \$ _____

Reason for Leaving: _____ Dates Employed: From: _____ To: _____
month/year month/year

Name & Title of Supervisor: _____

Description of Work Responsibilities: _____

Will you receive a satisfactory reference from this employer? Yes _____ No _____

If "no", please explain: _____

4). Next Previous Employer: _____
Address: _____
Type of Business: _____ Phone: _____
Starting Position: _____ Final Position: _____ Starting Pay \$ _____ Final Pay \$ _____
Reason for Leaving: _____ Dates Employed: From: _____ To: _____
month/year month/year
Name & Title of Supervisor: _____
Description of Work Responsibilities: _____

Will you receive a satisfactory reference from this employer? Yes _____ No _____
If "no", please explain: _____

5). Next Previous Employer: _____
Address: _____
Type of Business: _____ Phone: _____
Starting Position: _____ Final Position: _____ Starting Pay \$ _____ Final Pay \$ _____
Reason for Leaving: _____ Dates Employed: From: _____ To: _____
month/year month/year
Name & Title of Supervisor: _____
Description of Work Responsibilities: _____

Will you receive a satisfactory reference from this employer? Yes _____ No _____
If "no", please explain: _____

(IF YOU ARE OUT OF ROOM, ADD PAPER WITH EMPLOYMENT INFORMATION DETAILING THE LAST 10 YEARS OF EXPERIENCE)

MILITARY EXPERIENCE (Optional)
Have you ever been in the United States Armed Services? Yes _____ No _____ What Branch? _____
Describe any skills you acquired in the Service which would be useful to the job for which you are applying: _____

PERSONAL INFORMATION
Are you eligible to work in the United States? Yes _____ No _____
Have you ever been discharged or asked to resign by an employer? Yes _____ No _____ If yes, please explain: _____

A record of criminal conviction will not necessarily be a bar to employment, since The Naz will consider factors such as age, time of the offense, the nature and seriousness of the violation, and evidence of rehabilitation in making any employment decision. Have you ever been convicted of a crime, (including, but not limited to pleading guilty to a felony or misdemeanor) other than minor traffic violations that has not been expunged or sealed by a court of law? Yes _____ No _____ If yes, please provide dates and nature of conviction: _____

REFERENCES: List contact information of your previous **members of management** to use as a professional reference who have known you for at least three years and from whom you can obtain letters of recommendation. **DO NOT LIST FRIENDS OR RELATIVES.**

1. Name: _____ Occupation: _____
Work Phone: _____ Home Phone: _____ Cell /or Other: _____
Relationship to applicant: _____
2. Name: _____ Occupation: _____
Work Phone: _____ Home Phone: _____ Cell /or Other: _____
Relationship to applicant: _____
3. Name: _____ Occupation: _____
Work Phone: _____ Home Phone: _____ Cell /or Other: _____
Relationship to applicant: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

By signing below, I certify that I have read, understand and agree to each of the following statements:

I understand that, if I am employed by The Naz Organization, my employment and compensation is entirely "at will," which means neither are guaranteed for any definite period of time, and either can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, and the option of either the Naz or myself. I understand that The Naz reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment at its discretion at any time with or without notice. I understand that no other individual oral agreements of any kind pertaining to the terms of my employment and/or my compensation exist between The Naz and myself.

This application will be considered active for ninety (90) days from the date below. If I want to be considered for a job with The Naz after this period, I must fill out another application. However, if I am hired, I recognize that this employment application becomes a part of my official employment record and remains in effect during the duration of my employment.

I also understand that no representative of The Naz, other than the President, the Chairman of the Board or Board of Directors as a whole, have any authority to enter into any agreement with me personally or provide me with any assurances relating to any aspect of my employment with the Naz, except the above-mentioned officials of The Naz may do so in writing.

I authorize The Naz to investigate my background, qualifications and/or any other information on me as it deems appropriate. I also authorize anyone at The Naz to contact as part of its investigation to release any information they have regarding me or my employment to The Naz or its representatives. Further, I authorize The Naz to release the results of any background checks conducted on me and any other information related to me or my employment as it deems appropriate. I also release all parties, including The Naz and its representatives, from all liability for any damage that may result from either releasing or furnishing any such information. I understand I may have to indemnify all parties from any loss or expenses incurred, including, but not limited to, all of their attorney's fees and administrative costs deemed necessary and reasonable by the other party if I fail to release all parties from liability.

I further understand that I will take any lawful medical examination, chemical, drug or alcohol test upon request by The Naz and its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by The Naz. I understand that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for immediate termination of employment. Further, I authorize The Naz to release the results of these tests to whomever it deems appropriate where allowed by law. I hereby release all parties from all liability for any damage that may result from conducting, releasing or furnishing information regarding these examinations or tests.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am employed, any statements I have falsified on the Application shall be ground for immediate dismissal. I further certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained herein.

I HAVE READ AND UNDERSTOOD THIS APPLICATION.

Date Signature

Background Check Release Authorization



In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience along with reasons for termination of past employment. I understand that as directed by The Naz policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit and references. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If denied employment, I will be informed in accordance with Section 615 of the Fair Credit Reporting Act. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Ohio Department of Labor. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by The Naz, or its agent, to furnish the information described above. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

_____ Date _____ Signature

Please print and complete the following:

_____ Print First Name Middle Name Last Name

_____ Print other names you have used

_____ Current Home Address City State Zip County

_____ Previous Home Address (within last 10 years) City State Zip County

_____ Previous Home Address (within last 10 years) City State Zip County

PLEASE PRINT CLEARLY!!

_____ Social Security Number _____ Date of Birth (to be used for verification purposes only)

_____ Driver's License Number _____ State of Issue of Drivers License

_____ Full Name as it Appears on Drivers License