



EMPLOYMENT APPLICATION

Application Date: _____

Position Applied for: Audio & Visual Technician (AVT)

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:

HOME ADDRESS:	CITY:	ST:	ZIP CODE:

HOME PHONE:	BUSINESS PHONE:	CELL PHONE:

MAY WE CONTACT YOU AT WORK? Yes (by cellphone/text) No DATE AVAILABLE: _____

Full-Time Part-Time Temporary

EDUCATION

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL		DEGREE, AREA OF STUDY, # OF HRS COMPLETED	YEARS ATTENDED	GRADUATED
HIGH SCHOOL	ADDRESS:				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY:				
	STATE/ZIP:				
	NAME:				
COLLEGE	ADDRESS:				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY:				
	STATE/ZIP:				
	NAME:				
GRADUATE SCHOOL	ADDRESS:				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY:				
	STATE/ZIP:				
	NAME:				
OTHER	ADDRESS:				<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY:				
	STATE/ZIP:				
	NAME:				

U.S. MILITARY SERVICE

BRANCH OF SERVICE	TECHNICAL SPECIALIZATION	YEARS OF SERVICE	RANK ATTAINED

SPECIAL SKILLS, KNOWLEDGE & ABILITIES (SKAs)

DESIRED SKILL	YES OR NO	SOFTWARE / EQUIPMENT/ PROGRAM USED AND / OR BRIEF SYNOPSIS OF YOUR EXPERIENCE WITH ITS USE	YEARS USED
ABILITY TO MIX/EDIT/RECORD USING VARIOUS MEDIA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ABILITY TO LEAD/DEVELOP VOLUNTEER TEAM(S)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ABILITY TO TRAIN OTHERS ON A VARIETY OF EQUIPMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EXPERIENCE OF WORKING IN A CHURCH ENVIRONMENT (WORSHIP, FUNERALS, WEDDING, ETC.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ABILITY TO MAINTAIN/SERVICE EQUIPMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER PROGRAM AND/OR DATABASE EXPERIENCE	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CHURCH EXPERIENCE – Please explain any experience you have working with churches

OTHER OFFICE EXPERIENCE – Briefly explain other experience you believe might apply to this position.

Are you a U.S. Citizen? Yes No

If you responded "No", do you have a legal right, and necessary documents, to work in the U.S.?

Yes No

PLEASE NOTE: *Identity & employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1956.*

Where were you ever discharged by any company? Yes No

- If you responded "Yes", list name of company below:

- Reason for discharge:

Have you ever been convicted of a crime, other than a minor traffic violation? Yes No

- If you responded "Yes", list name of company below:

- Please explain the offense and the final disposition below:

EMPLOYMENT HISTORY

Please list your employment history, beginning with your most recent position, and account for any time during this period that you were un-employed by stating the nature of your activities.

May we contact your recent employer? Yes No *Please indicate if you were employed under a different name.*

*** MAY ATTACH RESUME IF INCLUDES ALL INFORMATION REQUESTED BELOW ***

DATES OF EMPLOYMENT		NAME, ADDRESS & PHONE # OF EMPLOYER		POSITION HELD AND SUPERVISOR NAME	SALARY/WAGES	REASON FOR LEAVING
MO/YR START		NAME:				
		ADDRESS:				
MO/YR END		CITY:				
		STATE/ZIP:		SUPERVISOR NAME:		
		PHONE:				
MO/YR START		NAME:				
		ADDRESS:				
MO/YR END		CITY:				
		STATE/ZIP:		SUPERVISOR NAME:		
		PHONE:				
MO/YR START		NAME:		POSITION HELD:		
		ADDRESS:				
MO/YR END		CITY:				
		STATE/ZIP:		SUPERVISOR NAME:		
		PHONE:				
MO/YR START		NAME:		POSITION HELD:		
		ADDRESS:				
MO/YR END		CITY:				
		STATE/ZIP:		SUPERVISOR NAME:		
		PHONE:				

BUSINESS REFERENCES – Please do not list relatives, and indicate if you were employed under a different name

NAME	ADDRESS		TITLE	PHONE	YEARS KNOWN
Please refer to references included w/ resume; More can be provided if desired	ADDRESS:				
	CITY:				
	STATE/ZIP:				
	STATE/ZIP:				
	ADDRESS:				
	CITY:				
	STATE/ZIP:				
	STATE/ZIP:				
	ADDRESS:				
	CITY:				
	STATE/ZIP:				
	STATE/ZIP:				
	ADDRESS:				
	CITY:				
	STATE/ZIP:				
	STATE/ZIP:				
	ADDRESS:				
	CITY:				
	STATE/ZIP:				
	STATE/ZIP:				

PLEASE READ CAREFULLY

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history. I authorize anyone possessing this information to furnish it to Gold Canyon United Methodist Church and/or a 3rd party upon request, and I release anyone so authorized - Gold Canyon United Methodist Church, and any 3rd party - from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Gold Canyon United Methodist Church.

I understand and agree that if employed, the employment will be "at will". That is, either I or Gold Canyon United Methodist Church may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Gold Canyon United Methodist Church does not imply employment and that this application and/or any other Gold Canyon United Methodist Church documents are not contracts of employment.

Applicant Signature

Date