



PIONEER MEMORIAL CHURCH

8655 University Blvd., Berrien Springs, MI 49103
 www.pmchurch.org | www.pmchurch.tv | 269-471-3133

APPLICATION FOR EMPLOYMENT

Pioneer Memorial Church (PMC) is an Equal Opportunity Employer offering employment without regard to race, color, national origin, age, or presence of non-job-related medical condition or handicap. PMC is a member of the Michigan Conference of Seventh-day Adventists. Questions regarding the propriety or legality of this application should be directed to the Office Manager.

Instructions: Please print clearly. The information provided in this application will be held in strict confidence. Applicant must also submit a one-page, type-written cover letter explaining why they should be considered for the position. **Complete this form and mail in a sealed envelope to:** Pioneer Memorial Church, Attn: Personnel Committee, 8655 University Blvd., Berrien Springs, MI 49103 (DO NOT FAX any application documents to PMC).

TODAY'S DATE: _____

PERSONAL INFORMATION

_____		_____		_____	
Last Name		First Name		Middle	
_____		_____		_____	
Address		City		State	
()				Zip	
_____		_____		_____	
Daytime Phone #		E-mail		Social Security Number	
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a U.S. Citizen? <i>(Proof of citizenship or authorization to work in the U.S.A. is required)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what type of visa do you hold? _____	
Do you speak and write English fluently?		<input type="checkbox"/> Yes <input type="checkbox"/> No		What other languages do you speak and write? _____	
Are you a Seventh-day Adventist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide the name and contact info of your pastor/conference officer who knows you. _____	

JOB DESIRED

Position(s) you are applying for: _____

Indicate all types of work you will accept:

Full Time Part Time (Number of hours per week _____) Specific hours available: from _____ to _____

If employed, how long do you plan to remain? _____ Days available: _____

Minimum acceptable salary/wage rate per hour: \$ _____ Date you can begin: _____

GENERAL NOTICE

State and Federal law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer.

Handicapped employees and applicants may request an accommodation to their handicap by notifying Pioneer Memorial Church (PMC) in writing of the need for accommodations within 182 days of the date accommodation is needed. Failure to properly notify PMC will preclude any claim that the employer failed to accommodate the handicapped individual.

EDUCATION

School Name	Address	Years Attended	Was a Degree or Certificate awarded?	Field of Study
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If appropriate, please list professional registrations, certifications, or licenses you hold:

Type	Expiration Date	Number	State

REFERENCES

List three character references, other than relatives, which may be contacted.

Name	Title	Phone	Years Known

PROJECTS

Describe specific volunteer and/or paid-for projects/events that you have been in charge of which prepared you for this position. Do not list items shown in your job history. Please note dates or general time frames. *Use a blank sheet for additional information.*

Church Related	
Non-Church Related	

EMPLOYMENT HISTORY

Please account for all periods of employment for the last five years, beginning with your present or most recent position, and include any employment prior to that period that indicates your work experience.

Most Recent Employer: _____ **Start Date:** _____ **End Date:** _____

Address: _____ **Phone #:** (_____) _____

Position: _____ **Starting Pay:** _____ **Ending Pay:** _____

Duties Performed: _____

Supervisor's Name: _____ **Reason for leaving:** _____

May we contact this employer? Yes No

Employer: _____ **Start Date:** _____ **End Date:** _____

Address: _____ **Phone #:** (_____) _____

Position: _____ **Starting Pay:** _____ **Ending Pay:** _____

Duties Performed: _____

Supervisor's Name: _____ **Reason for leaving:** _____

May we contact this employer? Yes No

Employer: _____ **Start Date:** _____ **End Date:** _____

Address: _____ **Phone #:** (_____) _____

Position: _____ **Starting Pay:** _____ **Ending Pay:** _____

Duties Performed: _____

Supervisor's Name: _____ **Reason for leaving:** _____

May we contact this employer? Yes No

Employer: _____ **Start Date:** _____ **End Date:** _____

Address: _____ **Phone #:** (_____) _____

Position: _____ **Starting Pay:** _____ **Ending Pay:** _____

Duties Performed: _____

Supervisor's Name: _____ **Reason for leaving:** _____

May we contact this employer? Yes No

ACKNOWLEDGEMENT

Please account for any time during which you were not employed, e.g. in the military, in school, or in training, since the age of 16:

Have you ever received unemployment compensation? Yes No If yes, when and where? _____

Have you ever been convicted of a felony (federal, local, or military)? Yes No If yes, give the following information:

_____ (place) _____ (date) _____ (charge) _____ (disposition & rehabilitation activities)

Have you ever been denied a bond or had one cancelled? Yes No If yes, please explain: _____

Summarize other skills or experience in the position you are seeking which you feel qualify you for employment at Pioneer Memorial Church:

STATEMENT

Please read the following and check "Yes" or "No" at the end of each statement before submitting the application. If you are unable to signify "Yes" to each statement, your application will not be accepted. *Statement below **must** be signed by the applicant.*

I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to make any investigation of my personal history and financial credit record through any investigative or credit agencies of your choice. I authorize you to request and receive such information. (The Provisions of the Fair Credit Reporting Act may apply if a credit report is obtained and considered.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that, if offered employment, I will conform to the policies of the employer which may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without prior notice to me.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the employer recognizes the right of any employee to terminate employment at any time for any reason, and the employer retains a similar right. No oral or verbal statements, promises or representations may alter your right or that of the employer to terminate your employment at any time and for any reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I further understand that, if employed, I may be subject to a qualifying period, which may be extended at the employer's discretion, and I will be required to provide additional pertinent information about myself and my dependents, if any.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby acknowledge that I have read the above statements, replied to each, and understand the same.

Signature: _____ **Date:** _____

OFFICE USE ONLY—DO NOT WRITE IN THIS SECTION

Interviewed by: _____ **Position Considered:** _____

Full Time Part Time Regular Temporary

Salary Range Quoted: _____ **Visa Number (if applicable):** _____