



STAFF APPLICATION

Newstart Community Church ("Newstart") is an EQUAL OPPORTUNITY EMPLOYER. Qualified applicants receive consideration for employment without regard to their race, color, ancestry, age, sex, or disability. To be considered for employment, this application must be completed fully, including its addenda. Your responses to the questions in this application form must be accurate and complete and they will be judged in relation to the requirements of the job you are seeking. Applications may remain active for three months. Applicants selected for employment will be required to prove U.S. citizenship or a legal right to work in the U.S. as determined by the U.S. Immigration and Naturalization Service. Newstart is an "at will" employer, which means employment may be terminated by the employee or the church at any time, with or without notice, and for any reason or no reason at all. Newstart is a Substance-Free Workplace and all employees and applicants are subject to the requirements of this program.

IDENTIFICATION

Name (Last)	(First)	(Middle)	Social Security Number	Are you over 18 years old?
Address (Number) (Street)		(City)	(State)	(Zip)
Home Phone Number (Area Code & No.)	Work Phone Number (Area Code & No.)	Cell Phone Number (Area Code & No.)	Email Address	

EMPLOYMENT DESIRED

Position Desired	
Applying for:	Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Either <input type="checkbox"/>
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either <input type="checkbox"/>	
What schedule would you prefer?	
Any <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>	
Salary or Hourly Rate Expected	Date available to start
\$ _____ Per _____	

GENERAL INFORMATION

What prompted your application or who referred you to us? <input type="checkbox"/> Own Accord <input type="checkbox"/> Advertisement <input type="checkbox"/> Placement Agency <input type="checkbox"/> Ohio Employment Service <input type="checkbox"/> Another Employee _____ <input type="checkbox"/> Other _____			
Office and Computer Skills Computer Keyboard Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, approximate w.p.m. _____ Shorthand Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, approximate w.p.m. _____ Dictaphone Yes <input type="checkbox"/> No <input type="checkbox"/> 10-Key Calculator Yes <input type="checkbox"/> No <input type="checkbox"/> Other office machines or equipment _____			
Computer Software Skills (Check all that apply) <input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Access <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> WordPerfect <input type="checkbox"/> Lotus <input type="checkbox"/> PageMaker <input type="checkbox"/> Other office software _____ <input type="checkbox"/> Other presentation, publishing, or CAD software _____			
Licenses, Registrations, Certifications			
Type (e.g., Driver's, Teaching, etc.)	Issuing Agency or Organization	Cert. or ID No.	Expiration Date
Ever been employed by this church? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, give details in EMPLOYMENT section.			
Name any relatives working for this church. (This is neither an advantage nor disadvantage — it helps us with placement.)			
Have you ever been convicted of any violation of law by any court other than for a minor traffic offense? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please explain, giving date, offense, and disposition.			

EDUCATION/TRAINING

	Name and location of school/training	No. Years Completed	Diploma/ Degree	Program or major courses	Grade Average
Last High School					
College/ University, Professional, Business or Technical Schools					
Grad School					
Subject of special study or research					
Extracurricular activities in high school and/or college					

EMPLOYMENT HISTORY

List all employment **and** periods of unemployment during the last 15 years. You may list employment prior to 15 years ago which is related to the job you are seeking or if you wish to have it considered. You are not required to list military service, but you may do so if it is related to your career and you wish to have it considered.

Present Employer (Company Name) or period of unemployment				Telephone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address			City	State	Zip	Department
						Supervisor
Your Job Title	Your name at the time			Salary/Wage	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
					Regular <input type="checkbox"/>	Temp <input type="checkbox"/>
Describe your responsibilities and/or any special accomplishments						
Reason for leaving						

Previous Employer (Company Name) or period of unemployment				Telephone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address			City	State	Zip	Department
						Supervisor
Your Job Title	Your name at the time			Salary/Wage	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
					Regular <input type="checkbox"/>	Temp <input type="checkbox"/>
Describe your responsibilities and/or any special accomplishments						
Reason for leaving						

Previous Employer (Company Name) or period of unemployment				Telephone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address			City	State	Zip	Department
						Supervisor
Your Job Title	Your name at the time			Salary/Wage	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
					Regular <input type="checkbox"/>	Temp <input type="checkbox"/>
Describe your responsibilities and/or any special accomplishments						
Reason for leaving						

VOLUNTEER ACTIVITY

Organization's Name	Telephone No.	From Mo./Yr.	To Mo./Yr.
Organization's Address	City	State	Zip
			How frequently did you volunteer?
Your Volunteer Title		Supervisor	
Describe your responsibilities and the reason for choosing this opportunity			
Reason for leaving			

To record additional volunteer activity, please request plain paper and provide same information as above.

REFERENCES

List three persons who have known you for at least one year. Please exclude relatives.			
Name	Address	Phone No.	Business

STATEMENT OF CERTIFICATION, AUTHORIZATION, AND AGREEMENT

I certify that the information I have provided in this application form, in my resume, and interview(s) is complete and accurate. I authorize all my former employers and personal references to answer inquiries made by Newstart and I hereby release all such parties including Newstart, its subsidiaries, employees, subscribers, and agents from liability as a result of doing so. I agree that if, in the exclusive opinion of Newstart, I have made any misrepresentation, or the results of the investigation are not satisfactory, any offer of employment may be withdrawn or, if already hired and working, I may be terminated without liability, except for payment at the rate agreed upon for services actually rendered. I understand this authorization to investigate my background is extended to and covers the entire period of my employment with Newstart. A copy of this agreement and certification can serve as an original.

I understand and agree that Newstart is an "at will" employer and that this means that my compensation can be changed by Newstart at any time or my employment can be terminated by me or Newstart at any time and for any reason, or for no reason at all, and that no one, except the Program Director of Newstart Early Learning Center, is authorized to enter into a contract or agreement of employment with me for any specific period of time or offer me any benefits different than those generally available to other similarly situated employees as stated in the church's benefit plans and employee policy manual. Any such agreement must be in writing and signed by me and the Senior Pastor of Newstart. Any other such agreements, oral or written, by anyone else are considered null and void.

If I am hired, I understand I will be required to complete all forms and documentation the school requires for its new hire processing. My failure to do so may result in withdrawal of any employment offer or termination if I have already started to work. After employment, I understand that I will be required to complete all documentation Newstart requires upon demand including, but not limited to, tax withholding, personal information changes, benefit enrollment forms, performance appraisals, and warning notices and other corrective actions. My failure to do so may result in disciplinary action up to and including termination, as deemed appropriate by Newstart.

I understand I must adhere to the policies and procedures of Newstart while I am an employee of Newstart.

Applicant Signature _____ Date _____