

Application for Employment

			Date:	
Name:				
	(First)	(Middle)	(Last)	
Address: _	(Street)			
	(Street)			
	(City)	(State)	(Zip)	
Home Phon	ne: ()	Cell: ()	
Social Secur	rity Number:			
E-mail Addr	ress:			
Maiden nan	ne or other names used:			
Other Cities	of residence in Texas:			
	een a Texas resident for the last ! ver been convicted of a felony?	5 years? □ Yes □ Yes	□ No □ No	
f yes, describ	be conditions:			
<i>EDUCATIC</i> High School)N: :			
J	(Name of Institution)		(City, State)	
	Graduated / diploma earned	d: □ Yes □ No	☐ GED	
College / Un	niversity:			
(Name	e of Institution)		(Degree Acquired / Hours)	
(Name	of Institution		(Degree Acquired / Hours)	

WORK HISTORY:

Please list employment with most current listed first:

	(Name of Employer)		(Address)	(Phone)	
	Start Date	End Date	Start Position	End Position	
	Name and title of s	supervisor:			
	Description of duties:				
⁄lay	we contact your pres	ent employer?	□ Yes □ N	0	
	******	******	*********	*******	
2.	(Name of Employer)		(Address)	(Phone)	
	Start Date	End Date	Start Position	End Position	
	Name and title of supervisor:				
	Description of duti	es:			
- - - -	CES:		*********		
:No	CES: Fellowship Christian A	A <i>cademy</i> authoriza	**************************************	three references:	
TNO	<i>CES: Fellowship Christian F</i> Name:	A <i>cademy</i> authoriza	ation to check the following	three references:	
EN C	<i>CES: Fellowship Christian F</i> Name:	A <i>cademy</i> authoriza	ation to check the following	three references:	
EN(CES: Fellowship Christian F Name: Address: Relationship:	A <i>cademy</i> authoriza	ation to check the following	three references:	
EN(CES: Fellowship Christian A Name: Address: Relationship:	Academy authoriza	ation to check the following	three references:	
the .	CES: Fellowship Christian F Name: Address: Relationship: Name: Address:	A <i>cademy</i> authoriza	ation to check the following Phone:	three references:	
in the s	CES: Fellowship Christian F Name: Address: Relationship: Name: Address: Relationship:	Academy authoriza	ation to check the following Phone:	three references:	
TNO	CES: Fellowship Christian A Name: Address: Relationship: Address: Relationship: Address: Relationship:	Academy authoriza	ation to check the following Phone: Phone:	three references:	

I certify the facts set forth in this application for employment to the best of my knowledge. I understand that if I am emp may result in dismissal. I authorize <i>The Fellowship Christian</i> DFPS background check, FBI fingerprint and investigate any this application.	loyed, false statements Academy to conduct a
I also affirm that I have been advised that in the event I am I applied for, and the criminal record check comes back with that I may be duly terminated.	•
(Signature of Applicant)	(Date)

NON-DISCRIMINATION POLICY STATEMENT

At The Fellowship Church and the Fellowship Christian Academy, we value all employees and job candidates as unique individuals. As such, we have a strict non-discrimination policy. We believe everyone should be treated equally regardless of race, sex, gender identifications, sexual orientation, national origin, native language, religion, age disability, marital status, citizenship, genetic information, pregnancy, or any other characteristic protected by law.

The full non-discrimination policy can be found at: https://www.thefellowshipchurch.org/uploads/Non-Discrimination-Policy.pdf

As a ministry of The Fellowship Church, we reserve the right to hire and maintain a Christian staff. We will not discriminate on the basis of race, sex, national origin, age or disabled condition.