

# TCT Ministries, Inc.

## Employment Application

We consider applicants for all positions without regard to race, color, gender, national origin or ancestry, age, disability, marital or veteran status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?	Advertisement	Friend	Walk-In	Employment Agency	Relative	Other _____
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Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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If you are under 18 years of age can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed an application with us before? If Yes, give date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been employed by us? If Yes, give date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
On what date would you be available for work? _____			
Are you willing to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Best time to contact you at home is _____:_____AM/PM			

Do any of your friends or relatives, other than spouse, work here?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States Military.

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### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. \_\_\_\_\_

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### Specialized Skills

(Check Skills/Equipment Operated)

_____ Terminal	_____ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
_____ PC/MAC	_____ Word Processing	_____	_____
_____ Typewriter	_____ Shorthand	_____	_____
WPM_____	WPM_____	_____	_____

State any additional information you feel may be helpful to us in considering your application

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List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, national origin, age, ancestry, disability or others.* \_\_\_\_\_

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# Employment Experience (This page must be totally completed; resume not sufficient)

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, disabilities or other protected status.

\*Please note that salary/wage information may be provided on a voluntary basis only, however it will not be considered as a factor in hiring or determining compensation in accordance with Illinois law.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
If you need additional space, please continue on a separate sheet of paper.				

## References:

1.	_____ (Name) _____ ( ) _____ _____ (Address)	_____ Phone #
2.	_____ (Name) _____ ( ) _____ _____ (Address)	_____ Phone #
3.	_____ (Name) _____ ( ) _____ _____ (Address)	_____ Phone #
4.	_____ (Name) _____ ( ) _____ _____ (Address)	_____ Phone #

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable to performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES

NO

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Remarks \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

NOTES