

YOUR LOGO
HERE

National Ministries

6701 Bock Road
Fort Washington, MD 20744
(301) 567-9507 (phone)
(301) 567-7438 (fax)

Employment Application

Position Desired

Faculty Kindergarten Elementary Secondary Other: _____
Staff Clerical Child Care Housekeeping Maintenance Kitchen

National Ministries does not discriminate on the basis of race, color, or national origin in any of the admissions or employment practices or policies.

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email _____

Date of Birth: _____ SSN: _____ Sex: Female Male

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, when? _____

Marital Status: Single Married Separated Widowed Divorced

Date Married: _____ Number of Children: _____ Number of dependents including yourself: _____

Children's names and ages: _____

Are your children Christian? YES NO Do they attend church regularly? YES NO

Spouses Name _____ Occupation _____

Is your spouse a Christian? YES NO Does he/she attend church regularly? YES NO

Have you had a major illness in the past 5 years? YES NO If yes, describe _____

Did you miss more than 5 days of work due to personal or family illness? YES NO If yes, describe _____

Please describe your general physical condition. _____

Do you desire part time or full time work? Part Time Full Time Specify part-time _____

Do you object to our requesting a report from your local credit bureau? YES NO

Do you object to our requesting a report from your state law enforcement agency? YES NO

Have you ever been convicted of a crime that would preclude you from being employed? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Spiritual

Please briefly write your salvation testimony (Attach a separate sheet of paper if you need more room).

Please write your reason for believing why you think God is leading you to apply for employment at our church or school.

Do you attend all regular church services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you practice tithing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have personal devotions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you witness to lost people?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you practice Matthew 5 and Matthew 18 in resolving personal conflicts?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

In which church ministries have you been involved?

To what local church do you currently belong?

Who is the pastor? _____ Phone number of church attended _____

Are you in full agreement with the Constitution of the sponsoring Church?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you in full agreement with the statement of faith of National Christian Academy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO
 Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

If your application is considered favorably, on what date will you be available for work? _____

I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, references, and any other persons to answer all questions concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

Signature: _____ Date: _____

DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, NATIONAL MINISTRIES (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc, can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- A “consumer report” is written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include for example, credit information, criminal history reports, or driving records; and
- An “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize NATIONAL MINISTRIES to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do _____ do not _____ authorize you to contact, through IntelliCorp Records, Inc., my current employer for Employment and Reference Verifications. (Checking “I do” will authorize inquiries to the Human Resources Department and to any listed supervisors.)

By signing this I consent to have \$10.00 deducted from my first check to cover the expense of the Background Investigation.

Printed Name	Applicant Signature	Date
--------------	---------------------	------

Parent or Legal Guardian Signature (for searches conducted on minors under the age of 18)	Date
---	------

PERSONAL DATA

Last Name	First Name	Middle Name
-----------	------------	-------------

Current Address	Dates Lived Here (MM/YY)
-----------------	--------------------------

Date of Birth	Other Names Used (including maiden name)	Years Used
---------------	--	------------

Social Security Number	Driver's License #	DL State
------------------------	--------------------	----------

Email Address (may be used for official correspondence)

I have the right to make a request to IntelliCorp Records, Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

Printed Name	Applicant Signature	Date
--------------	---------------------	------

National Church of God
6700 Bock Road
Fort Washington, MD 20744

DIRECT DEPOSIT AUTHORIZATION FORM

Please note, that, once form is filled and turned in, payments will reflect in this account during the second (not first) upcoming payroll. It will be verified on this paycheck, next payroll will be reflected.

Name: _____

Address: _____

Phone: _____ Social Security Number _____

I _____, hereby authorize _____ to send credit entries, as well as make adjustments and debit entries as appropriate, to the account(s) listed below:

Account #1:

Account Type (Select One) Checking Savings

Name of Financial Institution: _____

Financial Institution Address _____

Street Address

City, State, Zip Code

Bank Routing Number _____ Account Number _____

Percentage to be deposit into this account: _____

If you are including a second account, please note that the percentages to be deposited into the two accounts must total 100%.

**ATTACH IMAGE OF VOIDED CHECK (CHECKING ACCOUNT)
OR DEPOSIT SLIP (SAVINGS ACCOUNT)**

National Church of God
6700 Bock Road
Fort Washington, MD 20744

DIRECT DEPOSIT AUTHROIZATION FORM

Account #2:

Account Type (Select One

Checking

Savings

Name of Financial Institution: _____

Financial Institution Address _____

Street Address

City, State, Zip Code

Bank Routing Number _____ Account Number _____

Percentage to be deposit into this account: _____

If you are including a second account, please note that the percentages to be deposited into the two accounts must total 100%.

**ATTACH IMAGE OF VOIDED CHECK (CHECKING ACCOUNT)
OR DEPOSIT SLIP (SAVINGS ACCOUNT)**

Voluntary Payroll Withholding Form

Employee Name: _____

Department: National Church of God National Christian Academy

Effective Date: _____

Tithes (10% of my gross pay)

Offering (indicate a dollar amount or percentage): _____

Other: Type: _____ Amount: _____

My signature below indicates my agreement to have the amounts noted above deducted from my paycheck. I understand I may revoke this request at any time and the deductions will be terminated beginning within ten (10) business days of my revocation date.

Signature

Address

City, State, Zip Code

Witness: _____ Date: _____

Security Agreement Form

Time Card Employees

Employee Name: _____

Department: National Church of God National Christian Academy

Effective Date: _____

Lost card/card was not returned \$25.00

Missed punch \$ 5.00

I acknowledge that I am in receipt of a timecard as an integral part of my employment. This timecard must be used by me to record both my in and out times for each work day. Should I miss a punch either in or out I understand no time is recorded for that workday. I understand that I will only be paid for times recorded via the use of this timecard. Should I wish to be paid for any missed punches, I understand that a fee of \$5.00 per missed punch will be deducted from my paycheck to offset the cost of inputting manual punches which is recommended by the payroll company.

Should I lose my timecard I understand that a \$25.00 replacement fee will be deducted from my paycheck. I further understand that my timecard must be returned upon termination of my employment or a \$25.00 fee will be deducted from my final paycheck.

My signature below indicates that I have both read and agreed to the terms listed above.

Signature

Address

City, State, Zip Code

Witness: _____ Date: _____