



Church of God publications is an equal opportunity employer in that we offer employment opportunities to all persons without regard to race, color, age, sex, national origin, or disability. The use of this form does not mean that there are positions open and does not obligate this company in any way. This application is good for sixty (60) days. All statements made by applicants on this form will be carefully checked for accuracy. Please print all information.

_____	_____	_____	_____
Last Name	First Name	MI	Telephone Number
_____		_____	_____
Address		City	State Zip Code
_____		_____	
E-mail address		Social Security Number	

Are you 18 years of age or older? Yes No
 (If you are hired, you may be required to submit proof of age.)

Are you a citizen of the U.S.? Yes No If no, are you legally permitted to work in the U.S.? Yes No

Have you ever worked under another name? Yes No If yes, what name? _____

Are you a Christian? Yes No

EDUCATIONAL INFORMATION

SCHOOL	CITY/STATE	NO. YEARS ATTENDED	GRADUATE
High School _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
College _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Post Graduate _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Training _____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY

Position Applied for _____

Have you ever applied here before? Yes No If yes, when? _____

Are you seeking: Full-time Part-time Seasonal employment? When could you start work? _____

Rate of pay expected: \$ _____ (per hour) Are you willing to work overtime? Yes No

Are you subject to a non-competition agreement, non-solicitation agreement, or an agreement concerning confidential information or trade secrets? Yes No If yes, please provide us a copy of the agreement.

Have you ever been convicted of a crime? Yes No

If yes, explain _____

Have you ever been discharged from a job or asked to resign? Yes No

If yes, explain _____

Are you presently employed? Yes No If yes, may we contact your current employer? Yes No

Why do you desire to change employment? _____

Are you on lay-off and subject to recall? Yes No

PRIOR WORK RECORD

List names of (3) employers in consecutive order with present or last employer listed first.

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL: \$ _____
SUPERVISOR (S)	TELEPHONE	Reason For Leaving

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL: \$ _____
SUPERVISOR (S)	TELEPHONE	Reason For Leaving

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL: \$ _____
SUPERVISOR (S)	TELEPHONE	Reason For Leaving

MILITARY RECORD

Have you served in the U.S. Armed Forces? Yes No

Branch: _____ Rank: _____

REFERENCES

Please list 3 persons whom we may contact who know your qualifications, and you have known for at least 1 year.

NAME	ADDRESS	PHONE	OCCUPATION

I certify to the best of my knowledge and ability, the information provided in this application is true, correct, and complete. Any misstatement or omission of fact on this application may result in my termination if employed by Church of God Publications (COGP).

I understand that acceptance of an offer of employment does not create a contractual obligation on the part of COGP or the Church of God to continue to employ me in the future. I understand that, if employed, I will be an employee-at-will who can be terminated with or without notice or cause. Any statements, oral or written, made to me before signing this application are null and void, and are of no effect.

I authorize investigation of all statements contained in this application. I further authorize all references listed to give to COGP any and all information concerning my previous employment and any other pertinent information, personal or otherwise, that they may have. I release any and all parties from any and all liability for any damage that may result from furnishing such information to COGP.

I authorize COGP to conduct a criminal background check on me. I understand that I may be required to undergo a drug test to be considered for a position with COGP, and agree to submit to such a test.

This page must be signed for your employment application to be processed

Signature: _____ Date: _____