



SANTA CRUZ BIBLE CHURCH

440 Frederick Street, Santa Cruz, CA 95062
831.429.1162 • www.SantaCruzBible.org

EMPLOYMENT APPLICATION

PERSONAL INFORMATION — Complete all applicable information

Name (Last, First, MI):			
Position(s) applied for:		Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	
Street Address:	City:	State:	ZIP:
Primary Phone:	Secondary Phone:	Have you previously been employed by SCBC? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Date Worked/Where?	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Require Sponsorship		When could you start employment?	
Have you ever applied for employment with SCBC? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When?		Where?	
Are you related to anyone currently or previously employed by SCBC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and relationship?			

EMPLOYMENT HISTORY — Include your last five (5) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information may disqualify you from further consideration.

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	ZIP:
Reason for Leaving:	Summary of Duties:		
Name of Supervisor:	Supervisor Title and Department	Supervisor Phone Number: ext. May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr:
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Reason for Leaving:	Summary of Duties:		
Name of Supervisor:	Supervisor Title and Department	Supervisor Phone Number: ext. May we contact: Yes ___ No___	

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	ZIP:
Reason for Leaving:	Summary of Duties:		
Name of Supervisor:	Supervisor Title and Department	Supervisor Phone Number: ext. May we contact: Yes ___ No___	

EDUCATION INFORMATION

High School:	City:	St:	Diploma/ GED:	General Ed. or Advanced Classes:	
College:	City:	St:	Degree:	Major:	GPA:
College:	City:	St:	Degree:	Major:	GPA:
Graduate School:	City:	St:	Degree:	Major:	GPA:
Other:	City:	St:	Degree:	Major:	GPA:

OTHER SKILLS & QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Santa Cruz Bible Church is an equal opportunity employer. Santa Cruz Bible Church does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, gender, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment any obligation for Santa Cruz Bible Church to hire me. If I am hired, I understand that either Santa Cruz Bible Church or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Santa Cruz Bible Church has the authority to make any assurance to the contrary.

In consideration of my employment, I agree to adhere to the Statement of Beliefs and the Mission Statement of Santa Cruz Bible Church which can be found on SCBC's website.

I attest with my signature below that I have given to Santa Cruz Bible Church true and complete information on this application. No requested information has been concealed. I also understand that Santa Cruz Bible Church may request to contact references provided for employment reference checks, and under consistent hiring practices, may require pre-employment screening and background verification as a condition of employment upon any employment offer. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date:	Signature:
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**PLEASE PRINT THE COMPLETED FORM AND SUBMIT IT TO THE CHURCH OFFICE EITHER IN PERSON OR BY MAIL,
OR SCAN IT AND SUBMIT IT VIA EMAIL TO dvonhaunalter@santacruzible.org**