

Holland Deacons' Conference

272 East 26th Street
Holland, MI 49423
Phone: (616) 494-6050
Fax: (616) 494-6054

Application for Employment

Application Date:

Identification:

Name	Last	Middle	First	
Address	City		State	Zip
Phone	Home	Mobile		
Social Security Number				
Valid Driver's License Number				
Are you 18 years or older?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a felony within the last seven years?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a misdemeanor?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a citizen of the United States?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Position:

Are you available for:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Relief status <input type="checkbox"/>	On-call <input type="checkbox"/>
Do you have a friend or relative employed by the Holland Deacons' Conference? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, in what position?				
May the Holland Deacons' Conference contact this person regarding your application? Yes <input type="checkbox"/> No <input type="checkbox"/>				

References:

Please list three personal & professional references that are not related to you:

1. Name	Address	Phone
2. Name	Address	Phone
3. Name	Address	Phone

Education:

High School attended	Year diploma or GED granted					
College attended	Years completed	1	2	3	4	Advanced Degree
College major						

Education continued: (If you need additional space, please attach a separate sheet)

Other related training or special skills:
Describe your experience for the position you are applying:
List professional, trade, business, civic, volunteer activities and offices held:
Describe experiences, activities, or programs you have been/are involved in with your church:
List experiences supervising others, chairing committees, and leading groups:

Previous Employment:

1. Employer name:	Address:	Phone:
Dates employed: From _____ To _____	Position:	Supervisor's name:
Reason for leaving:		Final salary/hourly rate:

2. Employer name:	Address:	Phone:
Dates employed: From _____ To _____	Position:	Supervisor's name:
Reason for leaving:		Final salary/hourly rate:

3. Employer name:	Address:	Phone:
Dates employed: From _____ To _____	Position:	Supervisor's name:
Reason for leaving:		Final salary/hourly rate:

Applicants Certification and Agreement:

I certify that all the information contained in this application, and all other attached documents, are true and complete. I recognize that any falsification, misrepresentation or omission may result in immediate dismissal from or refusal of employment. I authorize the Holland Deacons' Conference to investigate all states contained in this application, including records of any former employers, police or sheriff departments, and other sources concerning me. I authorize such sources and Holland Deacons' Conference to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by any state or federal law.

Additionally, if I am offered a position with the Holland Deacons' Conference, I authorized the Holland Deacons' Conference to do a criminal background check with any Police Department, Sheriff's Department or the Federal Bureau of Investigation for Felony Conviction(s) and any Misdemeanor Conviction(s).

I will also satisfy the education and health standards of the Holland Deacons' Conference as imposed by the State Licensing Authority. Medical services are to be obtained by the employee's personal physician prior to employment as a condition of employment. Educational services are to be obtained through Ottawa County Community Mental Health.

Applicant Signature:	Date:
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