



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

In order that your application may be properly evaluated it is essential that all of the following questions be answered as carefully. If you need more space for your answers, please attach a separate sheet. (PLEASE TYPE OR PRINT ALL INFORMATION). Metro Ministries is an Equal Opportunity Employer and considers employment applicants without regard to sex, age, race, religion, color, national origin, citizenship, disability, veteran status, or any other status protected by law. Please answer as completely as possible by do not provide information not asked for as it may result in your application being rejected. Please PRINT or TYPE the information requested below.

PERSONAL

Name (Last, First, Middle)		Telephone No:	Today's Date
Street		Social Security No:	Date Available:
City	State	Zip Code	Driver's License No. and Classification State: No: Class:
Have you been or are you currently known by any other name? This includes maiden name and previous married name(s). Yes/No If yes, give name(s):		Are you related to any current or former Metro Ministries employee? Yes/No If yes, name the employee and your relationship.	
Have you previously worked for Metro Ministries? Yes/No If yes, when:		Have you previously applied for a position with Metro Ministries? Yes/No. If yes, give date(s):	
Particular Position Desired 1) 2)	Are you authorized to work in the U.S.? Yes / No Proof of employment eligibility is required.	Salary Desired (Annual)	

GENERAL

Can you work 24-hour shift work; work on Saturdays, Sundays, and holidays, and work overtime when required? Yes/No
If no, please explain.

Do you have a form of transportation that will allow you to report for work at any time? Yes/No
If so, what is that form of transportation?

Have you ever been convicted of a crime (other than minor traffic offenses), pleaded guilty or nolo contendere (no contest) to a crime, received a probated sentence (including deferred adjudication), or been assigned a probation officer? Yes / No. If the answer to any of these questions is "yes", please explain and include the city, county, state and date. (A "yes" response will not necessarily preclude you from employment)

EDUCATION/TRAINING

	Name and Locations	Course or Degree	Dates		Year Graduated
			From	To	
High School					
Business or Technical					
College					

Enter other specialized training or skills (certifications, special courses, etc.)

Skill: _____ Experience/Date: _____

Skill: _____ Experience/Date: _____

Skill: _____ Experience/Date: _____

Skill: _____ Experience/Date: _____

List all language(s) and check column that describes your level of knowledge.

Language Proficiency	Read, Write & Speak	Read & Write	Write & Speak	Read Only	Write Only	Speak Only

MILITARY SERVICE

Branch of Service:	Date Entered:	Date Discharged/Type of Discharge	Military Training Course

Use separate page(s) if necessary.

EMPLOYMENT HISTORY

Show current/last position first. Answer all questions. Include all employers in the last 10 years. **Print additional copies of this form if necessary....Resume will NOT suffice.**

- Name of Company: _____ Address: _____

Type of Business _____ Reason for Leaving: _____

Employed As: (Starting): _____ Date: _____ Salary: _____

Present/Last Position: _____ Date: _____ Salary: _____

Duties _____

Name, address and title of supervisor to contact & phone number(s) _____

May we communicate with this employer? Yes / No _____
- Name of Company: _____ Address: _____

Type of Business: _____ Reason for Leaving: _____

Employed As: (Starting): _____ Date: _____ Salary _____

Last Position held _____ Date: _____ Salary: _____

Duties: _____

Name, address and title of supervisor to contact & phone number(s) _____

May we communicate with this employer? Yes / No _____
- Name of Company: _____ Address: _____

Type of Business: _____ Reason for Leaving: _____

Employed As: (Starting): _____ Date: _____ Salary _____

Last Position held _____ Date: _____ Salary: _____

Duties: _____

Name, address and title of supervisor to contact & phone number(s) _____

May we communicate with this employer? Yes / No _____

4. Name of Company: _____ Address: _____
Type of Business: _____ Reason for Leaving: _____
Employed As: (Starting): _____ Date: _____ Salary: _____
Last Position held _____ Date: _____ Salary: _____
Duties: _____
Name, address and title of supervisor to contact & phone number(s) _____
May we communicate with this employer? Yes / No _____

5. Name of Company: _____ Address: _____
Type of Business: _____ Reason for Leaving: _____
Employed As: (Starting): _____ Date: _____ Salary: _____
Last Position held _____ Date: _____ Salary: _____
Duties: _____
Name, address and title of supervisor to contact & phone number(s) _____
May we communicate with this employer? Yes / No _____

6. Name of Company: _____ Address: _____
Type of Business: _____ Reason for Leaving: _____
Employed As: (Starting): _____ Date: _____ Salary: _____
Last Position held _____ Date: _____ Salary: _____
Duties: _____
Name, address and title of supervisor to contact & phone number(s) _____
May we communicate with this employer? Yes / No _____

Professional REFERENCES: Give name, address, and telephone number of three references who are not related to you and are not present or previous employers.

1. _____

2. _____

3. _____

Personal REFERENCES: Give name, address, and telephone number of three references who are not related to you and are not present or previous employers.

1. _____

2. _____

3. _____

List professional, trade, business or civic associations and any leadership positions held. (Do not include any memberships that would reveal sex, age, race, religion, national origin, age, ancestry or other protected status.)

Organization	Offices Held	Dates

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:

List any additional information you would like us to consider: _____

Describe any computer skills or other specialized training or certifications that you have: _____

Comments (include explanation of any gaps in employment: _____

Have you ever filed personal bankruptcy? YES or NO



ALL APPLICANTS MUST READ AND SIGN BELOW

I certify that all the statements and information provided on this application or otherwise provided by me during the application/pre-employment process are true and correct. I understand that any false or misleading information including any misrepresentation or omission of a fact on this application or during the pre-employment process shall result in rejection of my application or, if hired, my dismissal from employment.

I further understand and agree that if I am successful in obtaining a job with Metro Ministries, as a condition of my employment with Metro Ministries, I may be subject to and upon request will submit to investigations, drug and alcohol screening, and applicable skills testing during the course of my employment. I understand that I will be required to complete and pass a pre-employment medical examination which includes a drug screen

I understand and agree that if I am employed by Metro Ministries, my employment shall be for an indefinite period. Nothing in this application, whether considered alone or in conjunction with other documents, shall be construed as a contract for employment for any specific time. There are no guarantees, expressed or implied, as to how long Metro Ministries will continue my employment and my employment may be terminated at any time, with or without cause, and without recourse by Metro Ministries or myself. I further understand and agree that no employee or official of Metro Ministries has any authority to alter the terms of my at-will employment through oral statements or promises. To be binding on Metro Ministries, any agreement or promise that alters or purports to alter my at-will relationship must be in writing, addressed specifically to me, and be signed by the President of Metro Ministries' Board of Directors.

I hereby grant permission to Metro Ministries to investigate my previous employment, educational background and character references to determine my suitability for employment, which may include an investigation and verification of all statements and information contained in this application form and all information provided or obtained during the application pre-employment process. I know and understand that I have hereby received notice in connection with the Fair Credit Reporting Act that Metro Ministries may seek to procure information regarding my character, general reputation, personal characteristics or mode of living from a consumer reporting agency. I understand that upon my written request, Metro Ministries shall make a complete and accurate disclosure of the nature and scope of such investigation, if one is made. In consideration of processing and evaluating my application and suitability for possible employment, **I waive any liability against Metro Ministries, its agents or employees from any claims, including for negligence or gross negligence, relating to any investigation, examination, or inquiry concerning my background to determine my suitability for employment.**

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish any and all information in their possession regarding me in connection with my application for employment with Metro Ministries. I also expressly waive any claim for damages or liability against any person or entity for providing any information sought by Metro Ministries pertaining to its review of my suitability for employment, including any information regarding my performance with and reason for separation from any previous employment.

I understand that Metro Ministries does not tolerate the illegal possession or use of drugs (including inhalants) by employees. Further, I understand that Metro Ministries does not tolerate on-the-job possession or use of alcoholic beverages or on-the-job impairment as a result of the use of alcoholic beverages or drugs. I recognize that Metro Ministries has the right to conduct drug and alcohol testing of applicants and employees. I agree to conform to the rules and policies of Metro Ministries and acknowledge that these rules and policies may be changed, withdrawn, added to or deviated from by Metro Ministries at any time and without prior notice to me.

I certify that the information in this application is ACCURATE AND COMPLETE.

Date: _____

Write usual signature: _____

Print Name: _____

Social Security Number: _____



AUTHORIZATION FOR BACKGROUND CHECKS AND CONSUMER INVESTIGATIONS

ALL APPLICANTS MUST READ AND SIGN BELOW

Consent to Disclosure of Information. I hereby grant permission to Corpus Christi Metro Ministries, Inc. (Metro Ministries) to investigate my previous employment, educational background, character references, criminal history and any other information included in the application, my resume, any other attachments to the application, or otherwise disclosed or obtained during the employment process. I understand that Metro Ministries may conduct a background investigation to determine my suitability for current and continued employment with Metro Ministries.

I acknowledge and understand that I have hereby received notice in compliance with the Fair Credit Reporting Act that Metro Ministries may seek to procure information regarding my character, general reputation, personal characteristics or mode of living from a consumer reporting agency. I hereby grant permission to Metro Ministries to conduct or cause to be conducted such an inquiry. Upon written request, disclosure of the nature and scope of the investigation will be provided to the applicant. If hired, this authorization shall remain on file and in effect as an ongoing authorization for Metro Ministries to obtain consumer investigations and reports relating to me at any time during my employment. If the applicant is not hired or if any adverse action is taken by Metro Ministries based in whole or in part on the information from a consumer reporting agency, the applicant/ employee will be entitled to a copy of the report and a description of his/her rights relating to the report. The applicant will be furnished a copy of any such consumer report upon written request. Any information obtained from a consumer reporting agency will not be used in violation of any federal or state equal opportunity law or regulation.

I understand that upon my written request, Metro Ministries shall make a complete and accurate disclosure of the nature and scope of such investigation if one is made. **I waive any liability against Metro Ministries, its agents or employees from any claims, including for negligence or gross negligence relating to conducting an investigation of my background to determine my suitability for employment.**

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish any and all information in their possession regarding me in connection with my application for employment with Metro Ministries. I also expressly waive any claim for damages or liability against any person or entity for providing any information sought by Metro Ministries pertaining to its review of my suitability for employment, including any information regarding any performance with and reason for separation from any previous employment.

Date: _____

Signature: _____

Date: _____

CCMM Staff Signature: _____