

New Life in Christ Church
 689 Scott-Troy Road; Lebanon, IL 62254
 (618) 632-6542 – PHONE (618) 632-1650 – FAX
lifechangers@nlicic.org – EMAIL
www.nlicic.org - Website

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EMPLOYMENT APPLICATION

DATE: _____

New Life in Christ Church is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, or disability.

POSITION (S) APPLYING FOR _____

First Name	Middle Initial	Last Name	Social Security #
Street Address	City	State	Zip
Telephone Number	Other (cell/beeper/mobile)	Other (cell/beeper/mobile)	Email Address

Have you ever been convicted of a crime? _____ (Yes) _____ (No)
 If "Yes", please explain _____

Have you ever been convicted of a crime involving children? _____ (Yes) _____ (No)
 If "Yes", please explain _____

EDUCATION

Name and Location	Degree or # of Years Completed	Major or Subject (If Applicable)	Grade Point Average
High School			
College			
Other			

List any licenses, certificates earned or in progress, and/or any additional training programs not included in your formal education: _____

List any professional affiliations to which you belong

WORK HISTORY

Current Employer	Job Title	
Department	Employment Dates (From – To)	
Supervisor Name	Supervisor Title	Supervisor Phone
Street Address		
City	State	Zip Code
Telephone Number	Fax	Email Address
Reason for leaving		
Salary: _____ Per _____ Hour Week Month Year (circle one)		
May we contact your employer? Yes No		

Previous Employer	Job Title	
Department	Employment Dates (From – To)	
Supervisor Name	Supervisor Title	Supervisor Phone
Street Address		
City	State	Zip Code
Telephone Number	Fax	Email Address
Reason for leaving		
Salary: _____ Per _____ Hour Week Month Year (circle one)		
May we contact your employer? Yes No		

Previous Employer		Job Title	
Department		Employment Dates (From – To)	
Supervisor Name	Supervisor Title	Supervisor Phone	
Street Address			
City	State	Zip Code	
Telephone Number	Fax	Email Address	
Reason for leaving			
Salary: _____ Per _____ Hour Week Month Year (circle one)			
May we contact your employer? Yes No			

PROFESSIONAL REFERENCES

Name	Title	Company	Telephone	Relationship

APPLICANT’S SIGNATURE

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers my application may be rejected, my name removed from consideration or my employment with this company terminated.

APPLICANT’S SIGNATURE: _____ **DATE:** _____