



Application for employment

Pre-Employment Questionnaire

Date of Submission _____

Personal Information

NAME (LAST NAME FIRST)				
PRESENT ADDRESS	APT NO	CITY	STATE	ZIP
PERMANENT ADDRESS	APT NO	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE			

Desired Employment

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO CITY RESCUE MISSION MINISTRIES BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR CITY RESCUE MISSION MINISTRIES BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING PRESENT POSITION		
REASON FOR LEAVING CITY RESCUE MISSION MINISTRIES		
NAME OF LAST SUPERVISOR AT CITY RESCUE MISSION MINISTRIES		
WHO REFERRED YOU TO CITY RESCUE MISSION MINISTRIES?		

Education

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YRS ATTENDED	GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
COLLEGES (OTHER)				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL				

General

Do you have any special training or skills that would help qualify you for a position at the City Rescue Mission of Lansing? If so, what are they? _____

Do you have a valid drivers license? If so, what type? _____

Former Employers

List below last three employers, starting with the most recent one first.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE

DESCRIPTION OF WORK
REASON FOR LEAVING

Service Record

BRANCH OF SERVICE	RANK	DISCHARGE DATE

References

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1				
2				
3				

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

Name of Church

Please write the name of the church where you attend.

Personal Testimony

Please write your personal testimony before signing authorization on following page.

Authorization (Please read the following carefully before signing this application.)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to City Rescue Mission Ministries shall be grounds for immediate termination of my employment.

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give City Rescue Mission Ministries' representative any and all information regarding me and my previous employment. I release City Rescue Mission Ministries and all previous employers and supervisors from liability for any damages that may result from furnishing information to City Rescue Mission Ministries.

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with City Rescue Mission Ministries.

In consideration of my employment, I agree to conform to the instructions, rules, and policies of City Rescue Mission Ministries. My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Signed

Date

office use only				
Date hired	Temp	Reg.	FT	PT
Dept.			Hourly Rate	
Job Title			Initials	