



First Evangelical Church of San Gabriel Valley

聖迦米羅省基督教會

3658 N. Walnut Grove Ave. • Rosemead, CA 91770
Tel: (626) 571-5537 • Fax: (626) 571-1040 • Website: www.fecsgv.org

APPLICATION FORM FOR EMPLOYMENT

GENERAL INFORMATION

LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____
PHONE NO: (H) _____ (C) _____ EMAIL ADDRESS: _____
WHEN WERE YOU BAPTIZED: _____ NAME OF THE BAPTISMAL CHURCH: _____
HOW LONG HAVE YOU BEEN ATTENDING YOUR CURRENT CHURCH? _____ NAME OF THE CHURCH: _____
CHURCH ADDRESS: _____
WEBSITE ADDRESS (IF AVAILABLE): _____

POSITION APPLIED

POSITION APPLIED: _____ FULL TIME: _____ PART TIME: _____ SALARY DESIRED: _____

EMPLOYMENT ELIGIBILITY

WITHOUT SPECIFYING A PARTICULAR CATEGORY, ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE US BY VIRTUE OF BEING ONE OF THE FOLLOWING? YES: _____ NO: _____

- * U.S. CITIZEN
- * PERMANENT RESIDENT
- * ASYLUM OR REFUGEE
- * LAWFUL TEMPORARY RESIDENT UNDER ONE OF THE AMNESTY PROGRAM

IF THE ANSWER IS "NO" TO THE ABOVE QUESTION, ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE US?

YES: _____ NO: _____

PLEASE SPECIFY WORK PERMISSION IF THE ANSWER IS "YES" TO THE ABOVE QUESTION. _____

EMPLOYMENT HISTORY (PLEASE LIST ALL WORK EXPERIENCE TO DETERMINE YOUR QUALIFICATION WITH THE MOST RECENT EXPERIENCE FIRST. THIS SECTION MUST BE FILLED OUT EVEN WHEN A RESUME IS BEING ATTACHED. YOU MAY ALSO INCLUDE RELEVANT MILITARY AND UNPAID OR VOLUNTEER WORK EXPERIENCE. PLEASE FEEL FREE TO ADD MORE SPACE IF NEEDED.)

NAME OF EMPLOYER: _____ DATE STARTED: _____ DATE ENDED: _____
ADDRESS: _____
POSITION: _____ BRIEF JOB DESCRIPTION: _____
NUMBER OF CHURCH/CONGREGATION ATTENDANCE (IF APPLICABLE): _____
SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE NO: _____
STARTING MONTHLY SALARY: _____ ENDING MONTHLY SALARY: _____ FULL TIME: _____ PART TIME: _____
REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ DATE STARTED: _____ DATE ENDED: _____
 ADDRESS: _____
 POSITION: _____ BRIEF JOB DESCRIPTION: _____
 NUMBER OF CHURCH/CONGREGATION ATTENDANCE (IF APPLICABLE): _____
 SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE NO: _____
 STARTING MONTHLY SALARY: _____ ENDING MONTHLY SALARY: _____ FULL TIME: ____ PART TIME: ____
 REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ DATE STARTED: _____ DATE ENDED: _____
 ADDRESS: _____
 POSITION: _____ BRIEF JOB DESCRIPTION: _____
 NUMBER OF CHURCH/CONGREGATION ATTENDANCE (IF APPLICABLE): _____
 SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE NO: _____
 STARTING MONTHLY SALARY: _____ ENDING MONTHLY SALARY: _____ FULL TIME: ____ PART TIME: ____
 REASON FOR LEAVING: _____

EDUCATION (PLEASE LIST ALL EDUCATION THAT IS ABOVE AND INCLUDING HIGH SCHOOL WITH THE MOST RECENT FIRST AND FEEL FREE TO ADD MORE SPACE IF NEEDED)

NAME OF SCHOOL AND LOCATION	DEGREE	MAJOR	GRADUATION
			YES: ____ NO: ____
			YES: ____ NO: ____
			YES: ____ NO: ____
			YES: ____ NO: ____

THESIS/DISSERTATION TITLE (IF APPLICABLE)

OTHER PROFESSIONAL TRAINING

CURRENTLY VALID CERTIFICATES, LICENSES, ETC.

WORK-RELATED PROFESSIONAL SOCIETIES

HONORS AND AWARDS

REFERENCES (PLEASE LIST AT LEAST THREE REFERENCES WITH TWO OF THEM FROM YOUR MOST CURRENT SERVICE PLATFORM)

NAME OF REFERENCE: _____

NAME OF ORGANIZATION: _____

POSITION IN ORGANIZATION (IF APPLICABLE): _____

CONTACT PHONE NO: _____

CONTACT ADDRESS (IF CONTACT PHONE NO IS NOT AVAILABLE): _____

E-MAIL ADDRESS: _____

NAME OF REFERENCE: _____

NAME OF ORGANIZATION: _____

POSITION IN ORGANIZATION (IF APPLICABLE): _____

CONTACT PHONE NO: _____

CONTACT ADDRESS (IF CONTACT PHONE NO IS NOT AVAILABLE): _____

E-MAIL ADDRESS: _____

NAME OF REFERENCE: _____

NAME OF ORGANIZATION: _____

POSITION IN ORGANIZATION (IF APPLICABLE): _____

CONTACT PHONE NO: _____

CONTACT ADDRESS (IF CONTACT PHONE NO IS NOT AVAILABLE): _____

E-MAIL ADDRESS: _____

PLEASE SHARE WITH US YOUR CALLING TO SERVING IN THE LOCAL CHURCH AND GIFTS IN THE AREAS OF PREACHING, TEACHING, LEADERSHIP AND SHEPHERDING.

PLEASE SHARE WITH US YOUR CONCEPT, SKILLS, AND EXPERIENCE IN TEAM DEVELOPING AND LEADING.

PLEASE SHARE WITH US YOUR EXPERIENCE IN GROWING THE CONGREGATION BOTH IN QUALITY AND QUANTITY.

WHAT IS YOUR EXPERIENCE IN SERVING WITH OTHER LEADERS IN A MULTICULTURAL AND MULTILINGUAL SETTING? WHAT ARE THE SPECIFIC CHALLENGES AND LESSON-LEARNED?

PLEASE SHARE WITH US YOUR MINISTRY PHILOSOPHY AND CORE VALUES.

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION AND ANY SUPPLEMENT THERETO IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATION, OR MATERIAL OMISSION OF INFORMATION MADE BY ME, WHETHER INTENTIONAL, ON THIS APPLICATION OR ANY SUPPLEMENT THERETO WILL BE SUFFICIENT GROUND FOR POTENTIAL DISCHARGE IF I AM HIRED.

I AUTHORIZE FEC OF SGV TO CHECK MY REFERENCES, WORK RECORD, EDUCATION, AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT. I AUTHORIZED THE REFERENCES I HAVE LISTED, INCLUDED EMPLOYERS, TO DISCLOSE TO FEC OF SGV ANY AND ALL INFORMATION RELATED TO MY WORK RECORDS AND WORK PERFORMANCE WITHOUT GIVING MY PRIOR NOTICE OF SUCH DISCLOSURE. I HEREBY RELEASE FEC OF SGV, MY FORMER EMPLOYERS, AND ALL PERSONS OR ENTITIES FROM ANY CLAIMS OR LIABILITIES ARISING OUT OF SUCH INVESTIGATION OR DISCLOSURE.

SIGNATURE: _____

DATE: _____