



2701 HODGES BOULEVARD · JACKSONVILLE, FL 32224

Applications are received and employees are hired without regard to race, color, sex, age, national origin, marital status, physical or mental handicap, veterans status and citizenship status. The receipt of this application does not mean that job openings exist or does not obligate us in any way. We appreciate your interest in our organization.

Please send completed application to:

Human Resources Department • New Life Christian Fellowship • 2701 Hodges Boulevard • Jacksonville, FL 32224
(904) 223-6000 Ext.1234 • Email: ewright@nlcf.org or rsmith@nlcf.org

SECTION 1 - Personal Information

Date		Position Applying For	
Name			
Address			
City		State	Zip
Cell Phone		Home Phone	
E-mail			
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, employment is subject to verification that you are of minimum legal age.)</i>			
Can you provide documentation that you can legally be employed in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of any of the following? If yes, please explain.			
Felony: <input type="checkbox"/> No <input type="checkbox"/> Yes	County	State	Year
Misdemeanor: <input type="checkbox"/> No <input type="checkbox"/> Yes	County	State	Year
Sexual Offense: <input type="checkbox"/> No <input type="checkbox"/> Yes	County	State	Year
Please explain:			

SECTION 2 - Employment History

Date available for work ___/___/_____	Salary/Hourly rate desired:
Type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Have you ever applied for a job with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why do you desire to make a change?	
Have you ever been discharged or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Have you ever held a position of trust (handling money or confidential material)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates and circumstances:	
Does your present employer know of your plans to change employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any responsibilities or problems that may affect your daily attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any other experiences, skills, or qualifications which you feel would be beneficial to our organization?	

SECTION 2 - Employment History, cont.

CURRENT/PREVIOUS EMPLOYMENT: (Please list most recent employer first)

Company				
City		State		Phone
Employment Dates: / / to / /			Position Held	
Supervisor Name			Supervisor Position	
Starting Salary \$		Ending Salary \$		Reason for leaving
Company				
City		State		Phone
Employment Dates: / / to / /			Position Held	
Supervisor Name			Supervisor Position	
Starting Salary \$		Ending Salary \$		Reason for leaving
Company				
City		State		Phone
Employment Dates: / / to / /			Position Held	
Supervisor Name			Supervisor Position	
Starting Salary \$		Ending Salary \$		Reason for leaving

SECTION 3 - Education

HIGH SCHOOL DIPLOMA • EQUIVALENT GED CERTIFICATE

School Name		City	State	
Phone		Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No		GED: <input type="checkbox"/> Yes <input type="checkbox"/> No

TRADE SCHOOL • CORRESPONDENCE

Name		City	State	
Phone		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree Earned:

COLLEGE • UNIVERSITY • GRADUATE SCHOOL • SEMINARY

Name	City/State	Phone	Course of Study	Degree Earned

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on my application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and credit record through any investigative or credit agencies or bureaus of your choice. I understand that employment at this organization is "at will", and includes no guarantee or promise of employment for any specified length of time. I authorize the use of any information in this application and any attached supplements to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

X _____
Applicant Signature

Date: ____/____/____

SECTION 4 - Christian Life
(addendum to application)

Are you a committed believer in Jesus Christ? Yes No

Tell me about your experience becoming a Christian:

Where are you in your Christian experience now?

Church Membership

Church Affiliation

Are you a member? Yes No

If yes, how long?

Pastor's Name

Church Phone

Are you active in your church? Yes No If yes, please explain in what capacity, place, and for how long:

SECTION 5 - References
(addendum to application)

Please do not list relatives.

Name

Relationship

Phone

Years Known

Occupation

Name

Relationship

Phone

Years Known

Occupation

Name

Relationship

Phone

Years Known

Occupation

Name

Relationship

Phone

Years Known

Occupation

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X _____

Date: ____/____/____

Applicant Signature

