



# WORKPLACE CHAPLAINS U.S. EMPLOYMENT APPLICATION

**WORKPLACE CHAPLAINS U.S. (WC) is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.**

**Please Print**

Today's Date: \_\_\_\_\_

## Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Message #: (\_\_\_\_) \_\_\_\_\_

Do you have a valid driver's license?\* \_\_\_\_\_ State/License #: \_\_\_\_\_

Have you ever applied to, or worked for WC before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for WC? \_\_\_\_\_

If yes, state name and relationship: \_\_\_\_\_

How did you hear about us/this opening? \_\_\_\_\_

State briefly why you would like to work for WC: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you in the last 10 years been convicted of a felony (excluding any sealed or expunged convictions)? \_\_\_\_\_

*(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## General Information About Employment Desired

Position you are applying for? \_\_\_\_\_ Full-time or part-time? \_\_\_\_\_

If part-time, hours per week desired: \_\_\_\_\_ Are you available for work on weekends? \_\_\_\_\_

Are you available to work holidays? \_\_\_\_\_ Days of week you are available to work: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_ Are you available to be on-call? \_\_\_\_\_

Are you available to work nights? \* \_\_\_\_\_ Are you available to work overtime? \_\_\_\_\_

If hired, on what date could you start work? \_\_\_\_\_

Are you able to travel on company business? \* \_\_\_\_\_ % time willing to travel: \_\_\_\_\_

Hourly rate of pay or monthly salary desired: \_\_\_\_\_

\*if required for the position you are seeking

**Education and Training (include on-the-job training):**

	<u>School/Location/Sponsor</u>	<u>Course of Study</u>	<u>Dates Attended</u>
High School			
Community College			
Trade School			
College/University			
Seminars/Other			

**Special Skills**

Do you speak, write or understand any foreign languages? \_\_\_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at WC? \_\_\_\_\_ If so, explain in detail below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Society Memberships: \_\_\_\_\_

Licenses (list states): \_\_\_\_\_

<b>Computer skills</b>	<b>Dates Used</b>	<b>Level of proficiency</b>
Hardware:		
Software:		

Use the space below to summarize other relevant experience, skills and background:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).**

I hereby authorize WC to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release WC, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical and/or other test as required. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

If hired, I also agree to submit to alcohol or drug testing as a condition of employment (if required). I agree that WC may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between me and WC. In addition, I understand and agree that if I am employed, my employment relationship with WC is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or WC, and that no promises or representations contrary to the foregoing are binding on WC unless made in writing and signed jointly by the President/Executive Director and myself.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or WC benefits, policies and procedures will not alter our at-will and arbitration agreements.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid (Michigan) driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by auto insurance, if required for my position.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application.

I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

**My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.**

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Applicant's Signature

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Date