

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
College				
Other <i>(please specify)</i>				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, disabilities or other protected status.

Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number(s)	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional Space, please check here and continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. Especially skills in areas other than the primary skill applied for on this application (multi-skill).

Special Licenses

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING (refer to the attached job description).

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?

yes no

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ TELEPHONE #: _____

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ TELEPHONE #: _____

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

POSITION: _____ TELEPHONE #: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand that my employment relationship may not be changed by any written document or by conduct unless such changes are specifically acknowledged in writing by an officer of this organization.

I understand that incomplete employment applications will not be considered. Incomplete does not include any information on this form where such information is expressly prohibited by Federal, State or local laws and where the applicant may exclude those responses that may indicate race, creed, sex, marital status, age, color, national origin, disabilities, military status, ethnicity or union affiliation.

I hereby understand and acknowledge that if employed, my first 180 days with the company shall be considered as a probationary period during which time I may be discharged for any reason with or without cause.

In the event of employment, I understand that, if hired, false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer. Any offer of employment tendered to the applicant by this company is conditional and may be contingent upon successful completion of checking background information.

In the event of employment in a position required to drive a company vehicle, I understand that the company will be requesting through Grace Bible Church's insurance provider a print out of your Department of Motor Vehicle report. This information will be used to determine availability of insurance coverage. I understand that initial and continued employment is dependent upon availability of insurance coverage. Employees have the right to dispute the accuracy or completeness of Department of Motor Vehicle reports.

The signature below authorizes Grace Bible Church or its insurance provider to request a copy of my Department of Motor Vehicle report.

Signature of Applicant

Date

Please attach the following and submit to the address below. The Personnel Committee will begin screening applications October 17, 2011 and the position will remain open until filled.

- Covering Letter / Letter of Interest
- Your Personal Testimony of Christ's Work in Your Life
- This Employment Application (including additional pages, if needed)
- Your Personal Resume (including work experience, school experience & references)
- GBC Background Investigation Consent & Ministry Application
- GBC Vehicle Driver Application
- Copy of Your Driver's License
- Copy of Your Vehicle Insurance Card

GRACE BIBLE CHURCH

Attn: Matthew Buenrostro, Administrator

3625 S 19th Avenue

Bozeman MT 59718

(form may be submitted by email to ***matthewb@gbcmt.org***)

