

# THE ARK Christian Ministries

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## Employment Application

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE.**

**PLEASE COMPLETE PAGES 1-4.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
                     Last                                      First                                      Middle                                      (Maiden)

Present address \_\_\_\_\_  
                                     Number                                      Street                                      City                                      State                                      Zip

How long lived at this address \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ | E-mail \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 and salary desired (2) \_\_\_\_\_ No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 (Be specific) Tue \_\_\_\_\_ Fri \_\_\_\_\_  
 Wed \_\_\_\_\_ Sat \_\_\_\_\_  
 Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When are you available to begin work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY, including sex related or child abuse related offenses?     No     Yes

(Do not include convictions that have been sealed, expunged, or statutorily eradicated.)

If **YES**, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
 \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)

Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No

How many? \_\_\_\_\_

Have you had any moving violations during the past three years?

How Many? \_\_\_\_\_

Yes  No

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**Work Experience** Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Work Experience Continued			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY - APPLICATION FORM WAIVER**

*It is the policy of THE ARK Christian Ministries to recruit and hire only applicants who have made a personal to Jesus Christ and accepted Him as their Lord and Savior, as indicated on and consistent with our Statement of Faith and General Application form. Because of our formation and purpose, (religious, charitable, non-profit organization, 501c3) THE ARK has an organizational exemption from the prohibitions contained in Title VII of the Civil Rights Act of 1964, as amended, concerning religious discrimination in employment.*

*We further reserve the right to discriminate or designate certain positions when a bona fide occupational qualification exists.*

In exchange for the consideration of my job application by THE ARK Christian Ministries (THE ARK), I agree that:

The above information is true and accurate. I give The ARK my permission to do a background check. I understand that THE ARK operates under a policy of Equal Employment Opportunity affirming the organization’s policy of providing equal opportunity for all staff members applicants of employment in accordance with all applicable laws, directive’s and regulations of all federal, state and local governing bodies or agencies thereof. I further understand that my possible employment will be “at will,” and neither THE ARK nor I have entered into a contract regarding my employment or the duration of my employment. If employed, I understand that THE ARK may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I further understand that my employment with THE ARK Christian Ministries shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_  
Thank you for completing this application form and for your interest in THE ARK Christian Ministries.