

NON-MINISTERIAL POSITION

PERSONAL INFORMATION

DESIRED EMPLOYMENT

***NOTE: If hired, you will be required to perform work as required by the Church.**

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying. If first aid and CPR training are required for your desired position, please identify when you completed the relevant training. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance. If driving your own vehicle is required for the position, please also provide the name of your insurance carrier and the policy limits.

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FORMER EMPLOYERS

Please account for the last ten years of employment.

FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS. USE ADDITIONAL PAPER IF NECESSARY.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLES	
WEEKLY STARTING SALARY/HOURLY RATE	WEEKLY FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER	
DESCRIPTION OF WORK				
REASON(S) FOR LEAVING			IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLES	
WEEKLY STARTING SALARY/HOURLY RATE	WEEKLY FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER	
DESCRIPTION OF WORK				
REASON(S) FOR LEAVING			IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLES	
WEEKLY STARTING SALARY/HOURLY RATE	WEEKLY FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?		
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER	
DESCRIPTION OF WORK				
REASON(S) FOR LEAVING			IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

EMPLOYMENT GAPS

Explain any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability.

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PRIOR MINISTRY EXPERIENCE (PAID OR VOLUNTEER)

Please account for the past five years of ministry experience related to the ministry you are seeking to fill. Attach additional page(s) as necessary.

NAME OF PRESENT OR LAST AGENCY			
ADDRESS		CITY	STATE
ZIP CODE			
STARTING DATE	DATE LAST WORKED	JOB TITLE(S)	
NAME OF CONTACT PERSON		TITLE	PHONE NUMBER
DESCRIPTION OF WORK			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS AGENCY			
ADDRESS		CITY	STATE
ZIP CODE			
STARTING DATE	DATE LAST WORKED	JOB TITLE(S)	
NAME OF CONTACT PERSON		TITLE	PHONE NUMBER
DESCRIPTION OF WORK			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

NAME OF NEXT PREVIOUS AGENCY			
ADDRESS		CITY	STATE
ZIP CODE			
STARTING DATE	DATE LAST WORKED	JOB TITLE(S)	
NAME OF CONTACT PERSON		TITLE	PHONE NUMBER
DESCRIPTION OF WORK			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			
OTHER CONTINUING EDUCATION COURSES		COMPLETED?	LIST COURSES COMPLETED:

REFERENCES

Give the names of one relative and three persons you are not related to, whom you have known at least three years, whom we can contact.

	NAME	ADDRESS	RELATION/ YEARS KNOWN	DAYTIME AND EVENING PHONE NUMBERS
1				
2				
3				
4				

PRIOR PLACES OF RESIDENCE

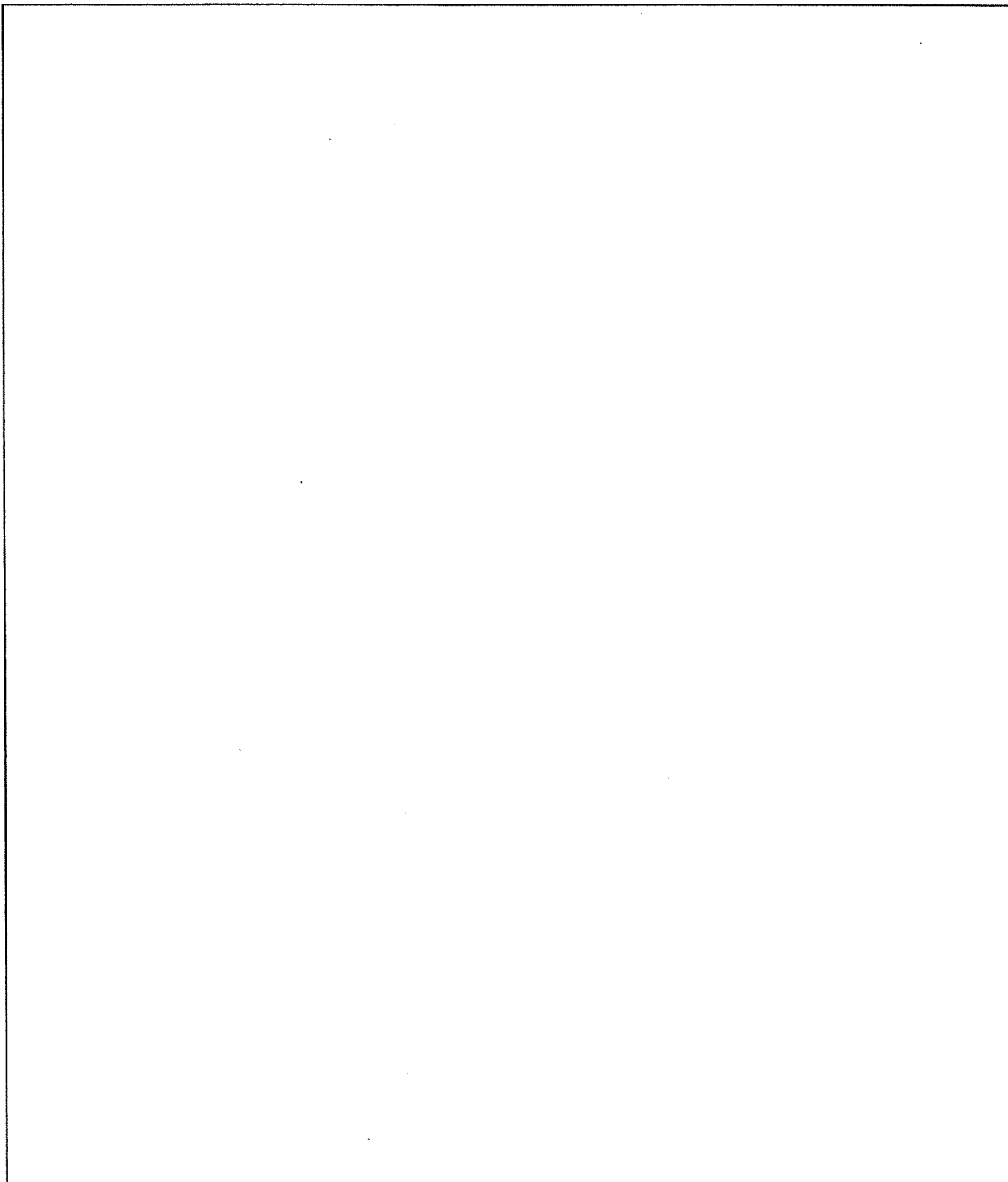
If different from the places of work listed above, list all places of residence (the city, county, and state) for the past ten years.

	CITY OR TOWN	COUNTY	STATE	DATES
1				
2				
3				
4				

RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, or any other matter that relates to your skills or ability to perform the for which you are applying, list and describe them. You are not required to reveal your age, race, sex, color, national origin, ancestry, religion, marital status, disability, sexual orientation, gender identity or expression, arrest and court record or any other protected category recognized by Hawaii and federal laws.

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CERTIFICATION
PLEASE READ CAREFULLY BEFORE SIGNING

- A. I certify that the information contained in this application is true, correct, and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
- B. I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE.**
- C. I understand and agree that only the **PERSONNEL COMMITTEE OF THE BOARD OF TRUSTEES** of the Church has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the **CHAIRPERSON OF THE PERSONNEL COMMITTEE**, and I will not rely upon any other representations regardless of the source.
- D. I understand and agree that the Church may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Church with any information (including fact or opinion) they may have regarding me. In consideration of the Church's review of this application, I release the Church and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Church. If employed by the Church, I further authorize the Church to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the Church for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that depending upon the nature of the position, I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Church, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Church in accordance with state and/or federal laws. The Church will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Church with any additional consent(s) and/or release(s) as required by the Church to investigate my employment application.
- F. I agree that the Church may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Church may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered. I further understand that if a period of incarceration was less than the sentence shown on my criminal conviction record, I will have the opportunity to provide the Church with documentary evidence of my early release.
- G. I understand and agree that if offered employment by the Church, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by the Church.
- H. If hired, I agree (i) not to disclose or use the confidential files and information of the Church to which I may have access other than as expressly authorized by the Church; and (ii) to promptly inform the Church of any agreements or conditions or any other party, however and whenever arising, including private agreements and governmental orders, that limit my ability to work for the Church.
- I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Church if I am employed by the Church.
- J. In the event that my application is accepted and I become employed by the Church, I agree to abide by and be bound by the policies of the Church to refrain from inappropriate conduct in the performance of my duties on behalf of the Church.

Authorization/Signature of applicant: _____

Date: _____

For Church use only:

Sex Offender Registry (www.nsopr.gov; www.hawaii.gov/ag/hcjdc) review performed by: _____
on: _____

Personal interview conducted by: _____
on: _____

Reference inquiries completed by: _____
on: _____

Personal interview conducted by: _____
on: _____

Safe church awareness training and policy orientation performed on _____

Following conditional offer of employment:

search of criminal conviction history made by: _____
on: _____

if third party search made, Fair Credit Reporting Act notices sent _____

KEAWALA'I CONGREGATIONAL CHURCH
5300 MAKENA ROAD
KIHEI HI 96753

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

(Instructions: To be completed by the applicant.)

I, _____, hereby authorize KEAWALA'I CONGREGATIONAL CHURCH to request the _____ police/sheriff's department to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant

Date

Print applicant's full name: _____

Print all other names that have been used by applicant (if any): _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State issuing license: _____

License expiration date: _____

Request sent to: _____

Name: _____

Address: _____

Phone: _____

over

Authorization and Request for Criminal Records Check

Address for the past 7 years, starting with most recent, including present address:

Street Address	City	State	County	ZIP	From Mo/Yr to Mo/Yr
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other names you have used and dates the name changed:

Date Signed _____

Signature _____

Print Name: _____