



# CHURCH OF GOD IN CHRIST, INC.

938 Mason Street  
Memphis, Tennessee 38126

## Employment Application

### APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State			ZIP Code
# of Years at this address			Phone			Home <input type="checkbox"/> Mobile <input type="checkbox"/>
E-mail Address			Date Available		Desired Salary	
Position Applied for						
Are you above 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally eligible to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
How were you referred to our organization?						
Do you have any relatives who are employed by this organization?	YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Is so, please specify						

### EDUCATION

High School			Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College			Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other			Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Licenses, certifications, or credentials					
Professional Memberships					

### PERSONAL REFERENCES

*Please list three non-former employers or relatives.*

Full Name			Relationship	
Phone			E-mail Address	
Address				

Full Name		Relationship	
Phone		E-mail Address	
Address			
Full Name		Relationship	
Phone		E-mail Address	
Address			

## PREVIOUS EMPLOYMENT

*Please give accurate and complete employment history. Start with current or most recent employer.*

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

## MILITARY SERVICE

Branch	From	To
Highest Rank Achieved	Highest Pay Achieved	
Training Received		
Type of Work Experience		

## OTHER INFORMATION

Some positions require the successful candidate to have a valid driver's license. The successful candidate would have to provide proof that s/he has a valid driver's license when offered employment.

COGIC prohibits smoking in all public places and enclosed areas as well as in vehicles owned by COGIC.

Church of God in Christ, Inc. provides equal employment opportunities to all employees and applicants for employment without regard to race, religion, color, sex, national origin, ancestry, age, disability, marital status, pregnancy, genetics, or and other category protected by federal, state or local laws. This policy applies to all terms and conditions of employment including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

## DISCLAIMER AND SIGNATURE

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will policy" cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Executive Officer or his designee of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the employer will thoroughly investigate references, my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, prior employers and entities named herein, except my current employer if so noted, to provide any information to the employer with regard to my prior employment, and release them from all liability for damages in providing this information.

I understand that no representative of the company, other than the Chief Executive Officer or his designee in writing, has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing.

I hereby understand and agree that if I am employed, the employer has the right to and may monitor my activity on the employer's computer systems and/or communications networks, including my email and Internet usage, for legitimate business reasons and/or as necessary to enforce the employer's policies and to maintain production and discipline. Accordingly, I hereby consent to the employer monitoring and/or reviewing my wire, oral or electronic communications transmitted using the employer's equipment, computers, property, networks, and resources.

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. I understand that the employer is relying on the information that I have provided in this application and in the interview process, if applicable, to be true, correct and complete. I understand and agree that providing false or misleading information or omitting any material information on this application or in the interview process will be grounds for ineligibility for employment or termination of employment if employed.

Signature

Date