

The Relief Zone
Employment Application



5 Frew Run, Box 334 Frewsburg, NY 14738
(716)569-2614 trz@windstream.net

NAME _____ M ___ or F ___ DATE OF APPLICATION _____
PRESENT ADDRESS _____
PERMANENT ADDRESS _____
DATE OF BIRTH _____ PHONE # _____
SOCIAL SECURITY NO. _____
ARE YOU 18 YEARS OF AGE OR OLDER? YES NO IF NOT, STATE YOUR AGE IF NOT, DO YOU HAVE REQUIRED WORKING PAPERS? YES NO
ARE YOU A U.S. CITIZEN? YES NO IF NOT, DO YOU HAVE THE LEGAL RIGHT TO WORK IN THIS COUNTRY? YES NO

POSITION DESIRED _____ DATE YOU CAN START _____
ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR EMPLOYER? _____
HAVE YOU EVER APPLIED TO THE RELIEF ZONE MINISTRIES BEFORE? _____
POSITION APPLIED FOR _____ WHEN? _____

EDUCATION	
NAME OF HIGH SCHOOL ATTENDED: _____	DIPLOMA: YES OR NO
NAME OF COLLEGE ATTENDED: _____	DEGREE MAJOR: _____
HIGHEST COLLEGE DEGREE EARNED: _____	
OTHER CERTIFICATIONS: _____	

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THIS STATE OR ANY OTHER JURSDICTION? YES OR NO
If yes, please describe in full:
U.S. MILITARY SERVICE YES OR NO : IF YES, RANK:
OTHER SKILLS, ACTIVITIES OR LIFE EXPERIENCES (CIVIC, VOLUNTEER):
IF DESIRED, PROVIDE ADDITIONAL INFORMATION WHICH MAY HELP IN EVALUATING YOUR CANDIDACY:

I, _____ do hereby authorize a review of, and full disclosure of, all records concerning myself to Trinity Relief Zone or its designee, whether said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any criminal history records contained in law enforcement agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization for release will be considered in determining my eligibility/suitability for employment by The Trinity Relief Zone.

I agree to indemnify and hold harmless this organization and its designee and any other criminal justice agency as defined by the Code of Federal Regulations, Title 28, Chapter 1. Part 20, the electronic data processing agencies have contracts to process criminal history record information and the employees of any of the above entities (1) from and against any and all causes of action, demands, suits and other proceedings of whatsoever nature, (2) against any liability to others, including any liabilities or damages by reason of or arising out of any arrest or imprisonment or any cause of action whatsoever, and (3) against any loss, cost, expenses and damage resulting there from, arising out of, or involving any negligence on the part of the Recipient in the exercise or enjoyment of this authorization.

Signed _____

Date _____

Parental Consent (if under the age of 18)

I, _____, give permission for my son/daughter to be employed at The Relief Zone and to participate in all activities and field trips as needed.

Parent Signature _____

Date _____

REFERENCES

GIVE THE NAMES OF 3 PERSONS, NOT RELATIVES, WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR

NAME & POSITION / BUSINESS	ADDRESS	PHONE #	YEARS ACQUAINTED

LIST YOUR LAST 3 EMPLOYERS, MOST RECENT EMPLOYER FIRST

MONTH & YEAR FROM: TO:	COMPANY NAME	COMPANY ADDRESS	POSITION	SALARY/WAGE
SUPERVISOR NAME		SUPERVISOR PHONE		

REASON FOR LEAVING:

DESCRIBE YOUR DUTIES:

LIST YOUR LAST 3 EMPLOYERS, MOST RECENT EMPLOYER FIRST

MONTH & YEAR FROM: TO:	COMPANY NAME	COMPANY ADDRESS	POSITION	SALARY/WAGE
SUPERVISOR NAME		SUPERVISOR PHONE		

REASON FOR LEAVING:

DESCRIBE YOUR DUTIES:

LIST YOUR LAST 3 EMPLOYERS, MOST RECENT EMPLOYER FIRST

MONTH & YEAR FROM: TO:	COMPANY NAME	COMPANY ADDRESS	POSITION	SALARY/WAGE
SUPERVISOR NAME		SUPERVISOR PHONE		

REASON FOR LEAVING:

DESCRIBE YOUR DUTIES: