

# APPLICATION FOR EMPLOYMENT

Assistance in completing WCV Application for Employment is available upon request for applicants whose disability may require that accommodation.



**Worthington Christian Village**  
 165 Highbluffs Blvd.  
 Columbus, Ohio 43235  
 (614) 846-6076

Worthington Christian Village is an Equal Opportunity Employer and as such, does not discriminate in hiring or employment on the basis of an applicant's race, color, sex, religion, national origin, ancestry, age, veteran status or disability. Our application is designed to obtain applicant skills, knowledge, and abilities based on specific job requirements. Questions enable us to determine an applicant's ability to successfully perform the essential duties of the job for which she/he is applying.

Name \_\_\_\_\_ Date of application \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  Email Address: \_\_\_\_\_  
 If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

Check if applicable Under 16  16 or 17

Specific position applying for: \_\_\_\_\_

Type of employment desired: (circle one) Full-Time Part-Time

Hours Available:	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
DAY							
EVENING							
NIGHT							

Date available for work? \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED (CIRCLE)	DID YOU GRADUATE?	COURSE OF STUDY/DEGREE
HIGH SCHOOL	1 2 3 4		
COLLEGE	1 2 3 4		
OTHER	1 2 3 4		

## SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for position being applied for: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Can you perform the essential function of the job for which you have applied? YES  NO

If no, please describe: \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

Have you ever been employed with WCV before? YES  NO  Dates employed from / / to / /  
 If YES: Department \_\_\_\_\_ Supervisor \_\_\_\_\_

LIST YOUR LAST THREE (3) EMPLOYERS (including military experience) STARTING WITH THE MOST RECENT.

FROM	TO	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		Summarize the nature of work and job responsibilities:	
REASON FOR LEAVING		HOURLY RATE OR ANNUAL SALARY Start \$ Per Final\$ Per May we contact for references?	
FROM	TO	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		Summarize the nature of work and job responsibilities:	
REASON FOR LEAVING		HOURLY RATE OR ANNUAL SALARY Start \$ Per Final\$ Per May we contact for references?	
FROM	TO	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		Summarize the nature of work and job responsibilities:	
REASON FOR LEAVING		HOURLY RATE OR ANNUAL SALARY Start \$ Per Final\$ Per May we contact for references?	

I certify that the answers given herein are true and complete to the best of my knowledge. I understand and agree that any misrepresentation by me in this application or any interview will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I am employed. I further understand and agree that if I am employed, my employment is for no definite period of time, and can be terminated at any time, with or without prior notice, at the option of either the employer or myself. I understand that no representative of the employer has authority to make any agreements, representations, or assurances to the contrary.

I authorize the employer to verify all information I have proved in this application to investigate all references, and to secure additional job-related information about me. I hereby release the employer and its representatives from all liability for seeking, obtaining, and relying upon such information, all other persons, corporations from all liability for furnishing such information.

This form has been designed to strictly comply with State and Federal Employment Practice Law prohibiting discrimination.

Signature of Applicant \_\_\_\_\_ Date / /

"I agree to submit to any lawful medical examinations, and to take any lawful fitness for duty test required by the employer, as a condition of any offer of employment I may receive, or, if I am hired, as a condition of the continued employment. I further agree that my refusal to take any such examinations or tests may be cause for separation of my employment. I hereby release the employer and all persons, corporations, or organizations conducting any such examinations or tests from all liability relating to the examination or tests."

Signature of Applicant \_\_\_\_\_ Date / /

**EMERGENCY INFORMATION (TO BE FILLED IN UPON EMPLOYMENT WITH WCV).**

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_