

Please print, complete and send this form to [info@bridgewatervineyard.church](mailto:info@bridgewatervineyard.church)



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[www.bridgewatervineyard.church](http://www.bridgewatervineyard.church)

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## APPLICATION FORM FOR EMPLOYMENT

We are an equal opportunity employer and make employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. If you need an accommodation in completing this application, please notify a representative of the organization.

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date you will be available to start work: \_\_\_\_\_

Type of employment desired: \_\_\_ full-time \_\_\_ part-time \_\_\_ temporary

Position(s) applied for or type of work desired: \_\_\_\_\_

Are you able to meet the attendance requirements? \_\_\_ Yes \_\_\_ No

Can you travel if required by this position? \_\_\_ Yes \_\_\_ No

If you are under 18, can you furnish a work permit if it is required? \_\_\_ Yes \_\_\_ No

Driver's license number (if driving is an essential job duty): \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

What is your desired salary/hourly rate of pay? \_\_\_\_\_

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### EMPLOYMENT HISTORY

Please provide all employment information for your past three employers, starting with the most recent.

1. Employer: \_\_\_\_\_ Position(s) held: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**EMPLOYMENT HISTORY, CTD.**

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Summary of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? (Please circle one.)    Yes    No

2. Employer: \_\_\_\_\_ Position(s) held: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Summary of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? (Please circle one.)    Yes    No

3. Employer: \_\_\_\_\_ Position(s) held: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

### EMPLOYMENT HISTORY, CTD.

Summary of duties: \_\_\_\_\_

\_\_\_\_\_ -

\_\_\_\_\_ -

Reason for leaving: \_\_\_\_\_

May we contact this employer? (Please circle one.)    Yes    No

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### OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, computer knowledge, licenses, certificates, and any other information you believe is relevant to your qualifications for this job:

\_\_\_\_\_ -

\_\_\_\_\_ -

\_\_\_\_\_ -

\_\_\_\_\_

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### EDUCATIONAL HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR DEGREE AND NUMBER OF YEARS COMPLETED
High School		
Collge		
Business or Trade School		
Professional School		
Other		

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## REFERENCES

List three references, including their names, telephone numbers, and years known (do not include relatives or employers):

1. Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Years Known: \_\_\_\_\_

2. Name: \_\_\_\_\_ – Telephone #: (\_\_\_\_) \_\_\_\_\_

Years Known: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Years Known: \_\_\_\_\_

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## RELEASE

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references.

I understand that any intentional misrepresentation or material omission made by me on this application may constitute grounds for rescission of a job offer or immediate termination of employment if I am employed, without notice, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that this is a drug free workplace and consent to compliance with this policy as a condition of employment.

I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I have read and fully understand the foregoing statements and I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_