

Please print, complete and send this form to info@bridgewatervineyard.church



13 Cross Street
East Bridgewater, MA 02333
info@bridgewatervineyard.church | 508-232-8037
www.bridgewatervineyard.church

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? _____

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

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:

_____ -

_____ -

_____ -

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		

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: _____

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: _____