

Dear Applicant,

Thank you for your interest in employment opportunities at Evangel University. Upon receipt, your application and resume' will be reviewed by the Human Resource Office for completeness as well as qualifying criteria. All applicants are evaluated on the following criteria: job specific qualifications, doctrinal and lifestyle fitness.

When an applicant accepts employment at Evangel University, he/she becomes a representative of the General Council of the Assemblies of God and is expected to conduct him or herself in a manner that will reflect credit to the University and to the fellowship. Employees are expected to comply with the generally accepted standards of conduct and life-style of the Assemblies of God fellowship. An applicant will be disqualified for an employment if they are not a born-again Christian, do not attend church regularly, or participate in any of the following behavioral activities:

Possession or use of tobacco, alcoholic beverages, or illegal drugs;
Profanity or swearing; stealing; sexual immorality (heterosexual or homosexual);
Pornographic literature or posters; gambling; attending bars, and dancing

Once the applicant has met these criteria, their application is forwarded to the hiring department for a closer review. If the department determines an applicant to be a good fit, the applicant will be contacted within 10 business days for an interview or skill testing. Some positions require skill testing to further evaluate applicant's qualifications. If you are not contacted by an Evangel representative, that means the hiring department has decided not to pursue your application. Applications and test results are kept on file for 180 days. During this period you may contact us to submit your application for any open positions for which you feel qualified.

Thank you again for your interest in Evangel University.

Human Resource Office
Evangel University



APPLICATION FOR EMPLOYMENT

Evangel University of the Assemblies of God
1111 N. Glenstone
Springfield Missouri 65802

Instructions to Applicant: Fill out this form completely. Please type or print in ink. You may attach your resume; However, **all sections must be completed.**

PERSONAL DATA

Date: _____

Name: _____
Last First Middle

Social Security No.: _____

Present Address: _____
Number Street City State Zip

Home Phone: (____) _____

Previous Address: _____
Number Street City State Zip

Business Phone: (____) _____

Age if under 18: _____ If applicable, maiden name: _____

Are you a U.S. Citizen? Yes No If no, do you have a work visa? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Specific position applying for: _____

Rate of pay expected \$ _____ per _____

Are you available to work Full Time; Part Time; Temporary; Seasonal

If part time, specify hours: _____

Would you be available for night shift? Yes No

Are you a student? Yes No If yes, specify school: _____

If yes, how many credit hours until you graduate? _____

On what date would you be available for work? _____

Have you previously made application with us? Yes No If yes, when? _____

Have you ever worked for us before? Yes No If yes, when? _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Have you ever been convicted of a crime? Yes No If yes, explain: _____

List hobbies, special interests, and recreational activities: _____

Name of relatives in our employ: _____

In an emergency, who should be notified? _____

DOCTRINE

Are you a Christian? _____ When saved? _____ Are you baptized in the Holy Spirit? (Acts 2:4) _____
Do you use tobacco? _____ Drink alcoholic beverages? _____ Use Drugs? _____

Marital Status: Single; Married; Separated; Divorced; Widowed

Name of church you attend: _____ City/State: _____

Please check the services you attend regularly: Sunday School; Sunday Morning Worship;

Sunday Evening Worship; Midweek Services; Youth Service

If active in church work, list activities: _____

EDUCATION

	NAME AND LOCATION	MAJOR COURSE	MINOR COURSE	LAST YEAR COMPLETED	YEAR GRADUATED
HIGH SCHOOL		XXXX	XXXX	1 2 3 4	XXXX
COLLEGE				1 2 3 4	YEAR: DEGREE:
COLLEGE				1 2 3 4	YEAR: DEGREE:
OTHER (SPECIFY)					

TRAINING AND EXPERIENCE

(Mark items in which you have had training with a T, or experience with an E)

- | | | |
|---|--|---|
| <input type="checkbox"/> Typing (speed _____)
<input type="checkbox"/> Shorthand (speed _____)
<input type="checkbox"/> Filing
<input type="checkbox"/> Receptionist
<input type="checkbox"/> Bookkeeping
<input type="checkbox"/> Accounting
<input type="checkbox"/> Calculator
<input type="checkbox"/> Personal Computer
<input type="checkbox"/> Software: _____

<input type="checkbox"/> Database programming/
Design | <input type="checkbox"/> Object-oriented
programming/ design
<input type="checkbox"/> Supervision
<input type="checkbox"/> Journalism
<input type="checkbox"/> Layout
<input type="checkbox"/> Graphics Design
<input type="checkbox"/> Shipping
<input type="checkbox"/> Receiving
<input type="checkbox"/> Stock Clerk
<input type="checkbox"/> Bulk Mailing
<input type="checkbox"/> Carpentry
<input type="checkbox"/> Janitorial | <input type="checkbox"/> Maintenance engineer
<input type="checkbox"/> Mechanical
<input type="checkbox"/> Electrical
<input type="checkbox"/> Plumbing
<input type="checkbox"/> Grounds
<input type="checkbox"/> Custodial
<input type="checkbox"/> Food Service
Other: _____

_____ |
|---|--|---|

Programs: _____

EMPLOYMENT HISTORY

In the space below, give your complete record of employment. Attach additional sheets if necessary. Start with your present or most recent position and work back. List your positions in the order you held them. Explain any gaps between periods of employment.

NAME AND ADDRESS OF EMPLOYER:		TYPE OF BUSINESS:	
DATES EMPLOYED: FROM:	TO:	STARTING TITLE:	PRESENT OR LAST TITLE:
NAME OF LAST SUPERVISOR:		PHONE #:	PRESENT OR LAST SALARY: \$ _____ PER
BRIEF DESCRIPTION OF DUTIES:			
WHY DID YOU OR DO YOU WISH TO LEAVE?			

NAME AND ADDRESS OF EMPLOYER:		TYPE OF BUSINESS:	
DATES EMPLOYED: FROM:	TO:	STARTING TITLE:	PRESENT OR LAST TITLE:
NAME OF LAST SUPERVISOR:		PHONE #:	PRESENT OR LAST SALARY: \$ _____ PER
BRIEF DESCRIPTION OF DUTIES:			
WHY DID YOU OR DO YOU WISH TO LEAVE?			

NAME AND ADDRESS OF EMPLOYER:		TYPE OF BUSINESS:	
DATES EMPLOYED: FROM:	TO:	STARTING TITLE:	PRESENT OR LAST TITLE:
NAME OF LAST SUPERVISOR:		PHONE #:	PRESENT OR LAST SALARY: \$ _____ PER
BRIEF DESCRIPTION OF DUTIES:			
WHY DID YOU OR DO YOU WISH TO LEAVE?			

U.S. MILITARY SERVICE

Branch of Service: _____ **Dates of Service: From** _____ **To** _____

Highest Rank: _____ **Type of Discharge:** _____

Comments (Special Skills, Schooling, etc.) _____

ADDITIONAL INFORMATION

Add any information you feel is pertinent. For instance, you might summarize your over-all experience and relate it to your career goals. Also use this section to expand any statements made in other sections of this form and include any times you expect to be off work. Identify these by section type.

Nondiscrimination Policy: Evangel University does not discriminate on the basis of sex, race, color, national origin, or handicap in its education programs, admissions, activities, or employment practices. Inquires regarding this policy may be directed to the Vice President for Business and Finance.

PERSONAL REFERENCES

(Do not use former employers or relatives.)

Name: _____ Address: _____

Name: _____ Address: _____

APPLICANT'S STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or misrepresentation is grounds for dismissal in accordance with Evangel University policy. I authorize any personal and employment references listed in this application to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of Evangel University and acknowledge that my employment and compensation can be terminated, with or without cause, at the option of either the company or myself. I understand that only the Board of Directors has authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature: _____ Date: _____