

# APPLICATION FOR EMPLOYMENT

## Ability Ministry

3123 Pride Road (P.O. Box 310)

Louisville, TN 37777

(865) 984-5178

www.abilityministry.com

Ability Ministry is an Equal Opportunity Employer

PLEASE CHECK ONE:

Riverwood, Louisville, TN

New Hope, Versailles, MO

## GENERAL

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

U.S. Citizen? Yes  No  If not, list your alien registration or visa number and expiration date \_\_\_\_\_

## POSITION

Position applying for: \_\_\_\_\_

Salary Requirement: \_\_\_\_\_ Available to start date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Why do you want to work for us?

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List any special skills or training:

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**EDUCATION**

High School (Name and Location) \_\_\_\_\_  
\_\_\_\_\_ Years completed \_\_\_\_\_

College (Name and Location) \_\_\_\_\_  
\_\_\_\_\_ Years completed \_\_\_\_\_

Degree earned \_\_\_\_\_ Major \_\_\_\_\_

Business/Trade/Technical education \_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY – *Begin with most recent***

Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Date of hire \_\_\_\_\_ Date of exit \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Date of hire \_\_\_\_\_ Date of exit \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
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Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Date of hire \_\_\_\_\_ Date of exit \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Date of hire \_\_\_\_\_ Date of exit \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Date of hire \_\_\_\_\_ Date of exit \_\_\_\_\_

## PERSONAL

Have you ever been convicted of a felony? \_\_\_\_\_ Explain \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Drink alcohol? \_\_\_\_\_ Use prescription drugs? \_\_\_\_\_

Are you willing to submit to a drug test and background check? \_\_\_\_\_

Are you a Christian? \_\_\_\_\_ Attend church regularly? \_\_\_\_\_ Where? \_\_\_\_\_

## DRIVING HISTORY

Looking back over the last 36 months, have you had any moving violations or "at-fault" accidents?

Yes  No Explain: \_\_\_\_\_

In the last 36 months, have you had any violations for driving 20 miles or more over the speed limit or DUIs?  Yes  No

## REFERENCES

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

Number of years you have been known by this reference \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

Number of years you have been known by this reference \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

Number of years you have been known by this reference \_\_\_\_\_

## COMMENTS

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I hereby certify the above answers are true to the best of my knowledge. I further authorize Ability Ministry to verify all information provided in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REFERENCES – For Office Use**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Date Called \_\_\_\_\_ By \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Date Called \_\_\_\_\_ By \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Date Called \_\_\_\_\_ By \_\_\_\_\_

**COMMENTS**

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