| APPLICATION FOR EMPLOYMENT Female Youth Intern | | | | Altadena Valley Presbyterian Church 4660 Caldwell Mill Road Birmingham, AL 35243 205.967.0680 www.avpc.org | | |
|--|---|------------|--|---|--|--|
| | Last Name | First Name | Middle | Today's Date | | |
| P | Mailing Address | | | Cell Phone | | |
| Ε | Social Security Number | | | Gender | | |
| R S | Are you legally eligible to Are you a U.S. citize work in the United States? | | zen? | When would you be able to begin work? en? | | |
| O N | Have you ever been involved in or accused (rightly or wrongly) of child abuse or neglect? | | Have you ever had a problem with alcohol or drug dependency? If so, please explain. | | | |
| A L | Have you ever been convicted of If so, please explain. | a felony? | Have you been t tive does not au | the victim of abuse? tomatically disqual | ? (Answering in the affirma- ify you) | |

| Е | School | Name and Location | # of years completed | Area of Study Degree or Diploma |
|--------|-----------------------------|-------------------|----------------------|------------------------------------|
| D | Graduate | | | |
| U | | | | |
| С | College | | | |
| Α | | | | |
| T I | Business/Trade Technical | | | |
| O N | High School | | | |
| | | | _ | |

Membership in Professional or Civic Organizations

Please list here.

RELIGIOUS BACKGROUND

Denominational Preference

Are you currently a member of Altadena Valley Presbyterian or any other church?

Would you consider yourself an active member of your church?

Do you hold leadership positions in your church?

SKILLS ASSESSMENT

Do you have previous experience working with youth? Describe. What

What do you like most about working with youth, specifically teen girls?

Do you have previous experience in short-term missions? Explain. Do you have previous experience in project planning or administrative leadership? Explain.

What would you say is your best qualification for this position?

In what area do you see yourself needing the most help to carry out the duties of this position?

Do you know how to administer CPR?

What would be your least favorite duty of this position?

S I G N A T U R E The information provided in this application for employment is true, correct, and complete. If employed, I understand that any misstatement or ommision of fact on this application may result in dismissal. I am giving authorization to Altadena Valley Presbyterian Church to verify the information on the form and contact my references listed. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Signature Today's Date

| Please | IPLOYMENT HISTORY give accurate, complete full-time and part-time employ- history. Start with your present or most recent employer. | inc | e may contact the employer dicate those you do not war NOT CONTACT EMPLOYER NU | it us to contact. |
|--------|--|-----|--|-------------------|
| | Company Name and Address | | Phone # | |
| | | | Name of Supervisor | |
| 1 | Length of Employment (month and year) From To State job title and describe your work. | | Weekly Pay Start | Last |
| | Reason for leaving | | | |
| | Company Name and Address | | Phone # | |
| | | | Name of Supervisor | |
| 2 | Length of Employment (month and year) From To State job title and describe your work. | | Weekly Pay Start | Last |
| | Reason for leaving | | | |
| | Company Name and Address | | Phone # | |
| | | | Name of Supervisor | |
| 3 | Length of Employment (month and year) From To State job title and describe your work. | | Weekly Pay Start | Last |
| | Reason for leaving | | | |

The above information should be a complete and accurate account of your employment history for the past 10 years. If needed, please use additional space on next page. Click the SUBMIT button when you are finished.

SUBMIT

EMPLOYMENT HISTORY (CONT)

| | Company Name and Address | Phone # |
|---|--|-----------------------|
| | Longth of Englanment (month and wear) | Name of Supervisor |
| 4 | Length of Employment (month and year) From To | Weekly Pay Start Last |
| | State job title and describe your work. | |
| | Reason for leaving | |
| | Company Name and Address | Phone # |
| | | Name of Supervisor |
| 5 | Length of Employment (month and year) From To | Weekly Pay Start Last |
| | State job title and describe your work. | |
| | | |
| | Reason for leaving | |
| | Company Name and Address | Phone # |
| | 1 / | Name of Supervisor |
| 6 | Length of Employment (month and year) | |
| | From To State job title and describe your work. | Weekly Pay Start Last |
| | | |
| | Reason for leaving | |
| | icuson for leaving | |