

THE MORAVIAN CHURCH SOUTHERN PROVINCE

AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

I, _____, understand that in consideration of my application, an investigation will be conducted. I authorize The Moravian Church, Southern Province to conduct such an investigation and release the organization and its agent, including its officers, employees, and representatives, from all liability or responsibility for this investigation, which may include, but not be limited to, the gathering of information regarding verification of prior employment, references, consumer credit history, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

_____			_____		Mo. Day Yr	
Last	First	Middle	Social Security #		Date of Birth	
(Please print Full Birth Name – Do not use initials)						
_____			_____		_____	
Maiden, Previous Married, and all other Alias names used			Driver's license #		Sex Race	

(Applicant's Telephone Number)						

_____			_____		Yr Mo	
Present Address		City/State	Zip/County		How long?	

If this is the first time you have applied to be a counselor, please list all other addresses used for the past 7 years - use additional page(s) if needed.

_____			_____		Yr Mo	
Previous Address		City/State	Zip/County		How long?	
_____			_____		Yr Mo	
Previous Address		City/State	Zip/County		How long?	

If you have lived in the following states within the last seven years; Alabama, Arkansas, Canada, District of Columbia, Idaho, Iowa, Minnesota, New Hampshire, Nevada, South Dakota, or Virginia, you will be asked to complete an additional form in order to complete your application.

If you have lived in Canada, Delaware, Georgia, Maryland, Nevada, New Jersey, Ohio, South Dakota, Texas, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) in order to complete your application.

A telephone facsimile or photographic copy of this authorization shall be as valid as the original.

_____			_____	
Applicant's Signature			Date	

MORAVIAN CHURCH SOUTHERN PROVINCE USE ONLY

___ CRIMINAL ___ DMV ___ SS# VERIFICATION ___ CREDIT REPORT ___ EDUCATION CREDENTIALS

Recruiter: _____ Date Faxed: _____

Application for Employment

Agency/Church: _____

Date: _____

(Congregation/Agency) _____ is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

The congregations and agencies of the Moravian Church in America, Southern Province are exempt under the provision of federal and state law from coverage under the Federal Unemployment Tax Act (FUTA) and the North Carolina Employment Security Commission. Accordingly, employees of Moravian congregations and agencies are not entitled under present law for unemployment benefits by reason of their employment with the church.

I hereby acknowledge that I have read the foregoing disclosure and understand the same.

Signature _____ Date _____

PERSONAL:

Name:

Last

First

Middle

ADDRESS:

Apt/#

Street

City, State

Zip

Home Phone:

Social Security:

/

/

(Area) Number

Are you legally eligible to work in the United States? (If employment is offered, documentation to verify eligibility will be required.) _____ YES _____ NO

Are you over 18 years of age? _____ YES _____ NO

Have you been employed previously by a Church or Agency within the Moravian Church in America Southern Province? _____ YES _____ NO If so, please list name of Church/Agency and dates of employment:

Do you have a relative currently employed by a Church or Agency within the Moravian Church in America Southern Province? _____ YES _____ NO If so, please list relative(s)'s name(s), Church/Agency and position:

Have you previously made application for employment with a Church/Agency within the Moravian Church in America Southern Province?

_____ YES _____ NO If so, please list positions, locations, and date(s) of application:

For ministry positions, such as youth leader, choir director, etc., please provide religious/church affiliation:

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of years completed 1 2 3 4

Diploma: YES NO **GED:** YES NO

School(s): _____ **City/State:** _____

College and/or Vocational School: No. yrs. Completed 1 2 3 4

School(s): _____ **City/State:** _____

Major: _____ **Degrees Earned:** _____

Other Training or Degrees:

School(s): _____ **City/State:** _____

Course: _____ **Degree or Certificate Earned:** _____

If you wish to describe additional education/training experience, attach the above information for each entry on an additional piece of paper. Please check here if additional work experience pages are included:

PROFESSIONAL LICENSE OR MEMBERSHIP:

NOTE: You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.

Type of License(s) Held:

State where License is held:

Professional License/Membership Expiration: _____/_____/_____

Other Professional Memberships: _____

SKILLS:

Office: Data Entry _____ MSExcel _____ MSAccess _____

Shorthand ___ wpm Typewriter _____ wpm 10-key adding machine _____

MSWord _____ MSPublisher _____ MSWorks _____ QuickBooks _____

Other Word Processing Software _____

Internet Explorer _____

Other Software Skills _____

RECORD OF CONVICTION:

Have you ever been convicted of a crime other than minor traffic offense? YES NO

If yes, explain:

NOTE: A conviction will not necessarily disqualify you for employment. All factors, including seriousness and nature of crime, will be considered. However, failure to fully disclose misdemeanor or felony convictions will be considered falsification, and will disqualify you for employment consideration.

EMPLOYMENT HISTORY: List most recent employer first, including US Military Service.

May we contact your present employer? YES NO

If any employment was under a different name, indicate name: _____

Employer: _____ **Address:** _____
Telephone: _____ **Position:** _____
Dates of Employment: _____ - _____
 mo/yr mo/yr
Supervisor: _____ **Ending Salary:** \$ _____
Reason for Leaving: _____

Please enter a brief description of duties:

Employer: _____ **Address:** _____
Telephone: _____ **Position:** _____
Dates of Employment: _____ - _____
 mo/yr mo/yr
Supervisor: _____ **Ending Salary:** \$ _____
Reason for Leaving: _____

Please enter a brief description of duties:

Employer: _____ **Address:** _____
Telephone: _____ **Position:** _____
Dates of Employment: _____ - _____
 mo/yr mo/yr
Supervisor: _____ **Ending Salary:** \$ _____
Reason for Leaving: _____

Please enter a brief description of duties:

Employer: _____ **Address:** _____
Telephone: _____ **Position:** _____
Dates of Employment: _____ - _____
 mo/yr mo/yr
Supervisor: _____ **Ending Salary:** \$ _____
Reason for Leaving: _____

Please enter a brief description of duties:

If you wish to describe additional work experience, attach the above information for each position on an additional piece of paper. Please check here if additional work experience pages are included: _____

Explain any gaps in employment history: _____

Have you ever been dismissed, suspended, or asked to resign from a job? YES NO

If yes, please explain: _____

REFERENCES:

Professional:

1) Name: _____ **Position/Title:** _____

Employer: _____

Address: _____

Telephone: _____
(area) phone #

2) Name: _____ **Position/Title:** _____

Employer: _____

Address: _____

Telephone: _____
(area) phone #

3) Name: _____ **Position/Title:** _____

Employer: _____

Address: _____

Telephone: _____
(area) phone #

Personal: (Note – Please do not include relatives/family members)

1) Name: _____ **Position/Title:** _____

Employer: _____

Address: _____

Telephone: _____
(area) phone #

2) Name: _____ **Position/Title:** _____

Employer: _____

Address: _____

Telephone: _____
(area) phone #

3) Name: _____ **Position/Title:** _____

Employer: _____

Address: _____

Telephone: _____
(area) phone #

APPLICANT'S CERTIFICATION AND AGREEMENT:

I hereby certify that the facts set forth in the above employment application and any accompanying documentation provided are true and complete to the best of my knowledge and I authorize (Congregation/Agency) _____ to verify their accuracy and to obtain reference information on my work performance. I hereby release (Congregation/Agency) _____ from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

In making this application for employment, I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends or other acquaintances. Such an inquiry would include information as to character, general reputation, personal characteristics and mode of living. I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I authorize you to communicate with any and all schools, persons listed as references, former employers, courts, and any others with whom you, your representatives, agents or vendors desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

I understand that submission of this application does not guarantee employment.

I understand that if offered a position with (Congregation/Agency) _____, I may be required to submit to a pre-employment medical drug screening and background check as a condition of employment. I understand that unsatisfactory results or refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that if employed, I must provide documentation verifying eligibility to work in the US. I understand that failure to provide acceptable documentation will result in termination of employment.

I agree that, should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process or during any subsequent employment period shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and remains at will; and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ **Date:** _____

APPLICANT'S AGREEMENT TO STATEMENT OF FAITH

If employed, while in the role of an employee, I agree to conduct myself in a fashion that will affirm and support the mission, ministries, and practices of the Moravian Church in America, Southern Province, based on faith in the Lord Jesus Christ.

Signature of Applicant: _____ **Date:** _____

**Moravian Church in America Southern Province
Human Resources
Non Disclosure Agreement**

This is to recognize that, due to my role as _____, circumstances may require me on occasion to become privy to personal and sensitive information regarding fellow congregants and/or candidates for employment with the Moravian Church in America Southern Province, its individual churches and/or agencies. I understand that from time to time, it may become necessary for me to have knowledge of such information in order to make appropriate decisions with respect to a candidate's potential employment, dismissal from employment, the award or cancellation of a contract for goods and services. This information will be provided to me on a need to know basis.

By signing this document, I agree to maintain confidentiality of any such information I may receive in this role, including but not limited to information regarding an individual's creditworthiness, criminal records, or suspicion of or treatment for substance use, and employment history.

I understand that the confidentiality required of me in this role will not end with the conclusion of my term or assignment, and I agree to maintain absolute confidentiality of said information indefinitely unless otherwise authorized in writing by the individual.

Signature

Date

Witness

Date