



1825 S. Alma School Rd.
 Chandler, AZ 85286
 480-963-3997 FAX 480-963-4229
 Website: www.chandlercc.org

APPLICATION FOR EMPLOYMENT

*Chandler Christian Church is an Equal
Opportunity Employer*

Personal Information

Name (Last, First, Middle):		Date:
Social Security Number:		
Home Address:		
City:	State:	Zip:
Mobile Phone:	Email:	
Home Phone:	Business Phone:	
Can you prove you have the right to work in the U.S.	Yes	No
Are you a member of Chandler Christian Church?	Yes	No
If not a member, are you willing to become a member of Chandler Christian Church?	Yes	No
Are you a member of another church? If so, which one?	Church Name:	

Position You Are Applying For

Title:	Salary Range:
Referred by:	Date You Can Start:

Education Record

High School (Name, City, State):	
Business or Technical School (Name, City, State):	
Dates Attended:	Degree Earned:
Undergraduate College (Name, City, State):	
Dates Attended:	Degree, Major:

Graduate School (Name, City, State):

Dates Attended:

Degree, Subject:

Work History (give information about your last 3 jobs, starting with the most recent)

1-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

2-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

3-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

Personal References

1-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

Business References (if applying for your first job, you may use academic references)

1-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

Please Read and Sign

I understand that this application may be withdrawn or my employment may be terminated if I have made any misrepresentations on this form. I authorize the church to contact all references to seek job-related information about me, and I release the church and all other persons and companies from liability for furnishing or obtaining such information.

Signature:

Date:
