



WEST COUNTY *Assembly of God*
 13431 North Outer Forty Road
 Chesterfield, Missouri 63017

EMPLOYMENT APPLICATION

Email Address _____

PERSONAL INFORMATION

 Last Name First Name Middle Name

Are you a citizen of the U.S.A.?
 Yes No

 Present Street Address City Zip

How long have you lived here?
 _____ Yrs. _____ Mos.

 Home Phone No. Cell Phone No./Pager /Work Phone No.

Social Security No. _____

 Previous Street Address City, State Zip

How long did you live there?
 _____ Yrs. _____ Mos

POSITION APPLYING FOR: _____

EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	No. of Years Attended	Graduated (Check one)
High School	Name _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____			
Junior College	Name _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____			
College	Name _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____			
Graduate School	Name _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____			
Other	Name _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____			

ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS

Academic and Professional Activities and Achievements, Awards, Publications or Technical-Professional Societies. Indicate type or name. Exclude organizations which indicate race, creed, color, sex, age, handicap or national origin of its members.	Date Awarded

SPECIAL SKILLS

Computer programs in which you are experienced _____

Other Equipment Operated: _____

Other skills applicable to position applied for: _____

EMPLOYMENT HISTORY

(Begin with most recent employer)

1) COMPANY NAME & ADDRESS	DATES	JOB DUTIES/REASON FOR LEAVING
	FROM/TO	
	JOB TITLE	
	STARTING PAY	
SUPERVISOR'S NAME:	ENDING PAY	
2) COMPANY NAME & ADDRESS	DATES	JOB DUTIES/REASON FOR LEAVING
	FROM/TO	
	JOB TITLE	
	STARTING PAY	
SUPERVISOR'S NAME:	ENDING PAY	
3) COMPANY NAME & ADDRESS	DATES	JOB DUTIES/REASON FOR LEAVING
	FROM/TO	
	JOB TITLE	
	STARTING PAY	
SUPERVISOR'S NAME:	ENDING PAY	

Date available to begin work: _____

I declare that all of the above information is true. My signature on this document gives WCAG permission to check my references and do a police check on me. If any of this information is found to be untrue or unacceptable, it is grounds for immediate dismissal if I am employed by West County Assembly of God.

SIGNATURE _____ **DATE** _____