



Southwest Division

APPLICATION FOR EMPLOYMENT

MISSION STATEMENT

The Salvation Army, an international movement, is an evangelical part of the Universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The Salvation Army is an Equal Opportunity Employer providing employment opportunity without regard to race, color, creed, religion, disability, gender, national origin, age, marital or veteran status.

LAST NAME:		TODAY'S DATE:	
FIRST NAME:		MIDDLE NAME:	
STREET ADDRESS:		HOME PHONE:	
CITY: STATE: ZIP:		MOBILE PHONE:	
HAVE YOU WORKED FOR US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN & WHERE?		E-MAIL:	
		RATE OF PAY EXPECTED: \$	
ARE YOU RELATED TO ANYONE WHO WORKS FOR THE SALVATION ARMY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO AND YOUR RELATIONSHIP TO THAT INDIVIDUAL:			
POSITION THAT YOU ARE APPLYING FOR:			
ARE YOU AVAILABLE FOR PART TIME OR FULL TIME WORK? <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> EITHER			
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHEN ARE YOU AVAILABLE TO START WORK?			
EDUCATION			
DID YOU GRADUATE FROM HIGH SCHOOL ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF HIGH SCHOOL:			
CITY & STATE OF HIGH SCHOOL:			
IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, HAVE YOU RECEIVED YOUR GED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, WHAT GRADE LEVEL DID YOU COMPLETE? CIRCLE ONE 1 2 3 4 5 6 7 8 9 10 11			
HAVE YOU ATTENDED COLLEGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO DEGREE:			
NAME OF COLLEGE:		CITY & STATE OF COLLEGE:	
EMPLOYMENT			
ARE YOU CURRENTLY EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU CURRENTLY IN LAY-OFF OR LEAVE STATUS WITH ANOTHER COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CAN YOU TRAVEL IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CURRENT OR MOST RECENT EMPLOYER'S NAME:			
EMPLOYER'S ADDRESS:			
EMPLOYER'S PHONE:			
SUPERVISOR'S NAME:			
EMPLOYMENT START DATE:		EMPLOYMENT END DATE:	
JOB TITLE:			
RATE OF PAY: \$			
REASON FOR LEAVING:			

EMPLOYMENT

(CONTINUED)

PREVIOUS EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

EMPLOYER'S PHONE:

SUPERVISOR'S NAME:

EMPLOYMENT START DATE:

EMPLOYMENT END DATE:

JOB TITLE:

RATE OF PAY: \$

REASON FOR LEAVING:

PREVIOUS EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

EMPLOYER'S PHONE:

SUPERVISOR'S NAME:

EMPLOYMENT START DATE:

EMPLOYMENT END DATE:

JOB TITLE:

RATE OF PAY: \$

REASON FOR LEAVING:

REFERENCES

PLEASE LIST TWO PERSONAL AND TWO PROFESSIONAL REFERENCES NOT INCLUDED IN THE EMPLOYMENT SECTION OF THE APPLICATION.

1. NAME:

RELATIONSHIP:

PHONE:

2. NAME:

RELATIONSHIP:

PHONE:

3. NAME:

RELATIONSHIP:

PHONE:

4. NAME:

RELATIONSHIP:

PHONE:

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN YEARS?

 NO YES*

IF YES, PLEASE PROVIDE CIRCUMSTANCES AND CONVICTION INFORMATION.

* ANSWERING YES TO THIS QUESTION WILL NOT NECESSARILY DISQUALIFY YOUR APPLICATION.

EMERGENCY NOTIFICATION

PLEASE LIST THE INDIVIDUAL THAT YOU WOULD LIKE CALLED IN CASE OF AN EMERGENCY.

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

WORK PHONE: _____ MESSAGE PHONE: _____

YOUR RELATIONSHIP TO THIS INDIVIDUAL: _____

The information provided in this application for employment is true, correct and complete.
 If employed, any misstatement or omission of fact on this application may result in dismissal. _____ applicant initials

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, and that at any time during my
 employment, an employee may resign or be released by The Salvation Army with or without
 notice and for any reason with or without cause. _____ applicant initials

Several TSA job sites require the acquisition of a Fingerprint Clearance card. This requires
 the taking and submission of fingerprints to the Department of Public Safety and the FBI.
 Failure to be printed, or the denial of a fingerprint card* will result in dismissal from
 employment at said location. _____ applicant initials

In connection with your application for employment, we may procure a background check as
 part of the process of considering your candidacy as an employee. In the event that the
 information from the report is utilized in whole or in part in making a decision with regard to
 your potential employment, before making the adverse decision, we will provide you with a
 copy of the report and a description in writing of your rights under the law. _____ applicant initials

**YOUR SIGNATURE ON THIS APPLICATION PROVIDES AUTHORIZATION FOR
 BACKGROUND CHECKS DEEMED NECESSARY BY THE POTENTIAL EMPLOYER.**

*an appeal process is available in some cases

Signature: _____ Date: _____



ARE YOU APPLYING FOR A POSITION WORKING WITH CHILDREN OR VULNERABLE ADULTS?

YES NO

IF NO, DO NOT ANSWER ANY QUESTIONS ON PAGE 4, IF YES, PLEASE PROCEED.

CHILD & VULNERABLE ADULT PROTECTION PROGRAM APPLICANT QUESTIONNAIRE

APPLICATION FOR EMPLOYMENT - PAGE 4

Why are you interested in this position?

Have you ever worked with children or vulnerable adults? Yes No

If yes, explain:

What are your hobbies?

Where have you volunteered and in what capacity?

Do you prefer to work with children? Yes No

If yes, why:

If your preference is to work in youth programming, which age group do you prefer and why?

Infant-5 years 5-8 years 9-12 years 13 + years

Do you prefer working with vulnerable adults? Yes No If YES, why?

Describe the most frustrating situation you have ever had to deal with involving children or vulnerable adults and how you handled it.

Have you ever been accused of inappropriate behavior with a child or a vulnerable adult? Yes No
If yes, explain:

Have you ever been accused of molesting a child or vulnerable adult? Yes No
If yes, explain:

Have you ever abused or molested a child or vulnerable adult? Yes No