

First Congregational Church
 292 East Market St.
 Akron, OH 44308
 Phone: 330-253-5109
 Fax: 330-253-8303



Position You Are Applying For			
Title:		Date:	
Referred by:		Date you can start:	
Personal Information			
Name (last, first middle):			
Home Address:			
City:	State:	Zip:	
Home Phone:	Cell/Business Phone:		
Email Address:			
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not a U.S. citizen, give your visa type, number, and expiration date:			
Education			
High School (name, city, state):		Graduation Date:	
Business or technical school (name, city, state):		Dates Attended: Degree Earned:	
Undergraduate college (name, city, state):		Dates Attended: Degree Earned: Major:	
Graduate school (name, city, state):		Dates Attended: Degree Earned: Subject:	
Other:		Dates Attended: Certification Earned: Subject:	
Military			
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, branch of service:		Date of discharge:	

First Congregational Church of Akron is an equal opportunity employer with a standing policy of nondiscrimination. First Church believes that all qualified persons should be accorded an equal opportunity for all terms and conditions of employment without regard to race, national origin, age, religion (except insofar as ordination or religious background may be a qualification for a position), sex, ancestry, disability, sexual orientation, gender identity and expression, age, military status, criminal record, familial and marital status, or any other class or status protected by law.

Work History (starting with your most recent job)		
Employer:	Dates employed:	
Address:		
City:	State:	Zip:
Telephone:	Ending salary:	
Last supervisor's name and title:		
Reason for leaving:		
Employer:	Dates employed:	
Address:		
City:	State:	Zip:
Telephone:	Ending salary:	
Last supervisor's name and title:		
Reason for leaving:		
Employer:	Dates employed:	
Address:		
City:	State:	Zip:
Telephone:	Ending salary:	
Last supervisor's name and title:		
Reason for leaving:		
References:		
Name:		
Phone:	Email:	
Address:		
City:	State:	Zip:
Relationship to you:		
Name:		
Phone:	Email:	
Address:		
City:	State:	Zip:
Relationship to you:		
Name:		
Phone:	Email:	
Address:		
City:	State:	Zip:
Relationship to you:		
Signature		
I hereby acknowledge that the statements made above are true.		
Signed:	Date:	