



PHOEBE NEEDLES CENTER, INC. EMPLOYMENT APPLICATION

Please read the information on this page carefully before filling out the application. **WE ASK THAT YOU NEATLY PRINT IN BLACK PEN OR TYPE THE APPLICATION.** *Phoebe Needles Center, Inc. is a ministry of the Episcopal Church in the Diocese of Southwestern Virginia. Applications are considered on a first come first served basis. Thank you.*

This application is for: Maintenance Housekeeping
 Kitchen Other

Name _____
(first) (middle) (last) (preferred)

Present Address _____

City, State, Zip _____

Primary Phone Number _____ Secondary Phone Number _____

Gender _____ Email _____

Note: If you are hired, you will be required to show documents verifying your employment eligibility and identity to complete the INS Form I-9 as required by the Immigration Reform and Control Act.

Have you ever been convicted of or pled guilty to or no contest to a crime other than a minor traffic violation?

_____ Yes _____ No *If yes, please explain fully on a separate sheet.*

Person to notify in case of an emergency _____

Primary phone number _____ Secondary phone number _____

Relationship to that person _____

Do you have any physical, mental, and/or emotional condition(s) that might interfere with your ability to perform the position for which you are applying? If so, please describe, or state "none."

EDUCATION

High School/College Attended	Grade/Class Completed this academic year	Date of Degree
------------------------------	---	----------------

EMPLOYMENT HISTORY

List your **two most recent** employers. Fill in **all** information.

Name of Employer _____ Supervisor _____

Address _____

City, State, Zip _____

Telephone (_____) _____ Dates Employed (MM/YY) Began: _____ Ended: _____

Please describe your responsibilities _____

Reason for Leaving _____

May we contact them? _____ yes _____ no (please check one)

Name of Employer _____ Supervisor _____

Address _____

City, State, Zip _____

Telephone (_____) _____ Dates Employed (MM/YY) Began: _____ Ended: _____

Please describe your responsibilities _____

Reason for Leaving _____

May we contact them? _____ yes _____ no (please check one)

INSURANCE INFORMATION

Do you have any type of medical insurance? _____ yes _____ no (please check one)

Name and address of company with which you have coverage _____

Group/Individual Policy Number _____

Telephone Number (_____) _____

Identification Number _____

If included on a family plan, give the name of qualifying member enrolled _____

REFERENCES

*Please provide **complete** information for three persons (**who are not relatives or peers**) who know you well and are willing to supply data regarding your qualifications for this position. Please list the persons below. We will contact your references by email or telephone, and request further information in writing if we deem it to be necessary.*

Name _____ Relationship _____

Address _____

City, State, Zip _____

Telephone _____ Email _____

Name _____ Relationship _____

Address _____

City, State, Zip

Telephone _____ Email _____

Name _____ Relationship _____

Address _____

City, State, Zip _____

Telephone _____ Email _____

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or for my discharge, if I have already been hired.

I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, or other qualifications for my employment. I also authorize the Center to request and receive such information.

Phoebe Needles Center, Inc. has my permission to investigate any of the information in this application, as well as any information regarding my character and/or ability to work with or around children.

I understand that Phoebe Needles Center, Inc. is a ministry of the Episcopal Church in the Diocese of Southwestern Virginia, and as such has certain standards of conduct and appearance. If my application is accepted, I can be depended upon for my full cooperation in maintaining those standards.

Signature _____ Date _____

Please return your completed application or direct your questions to:

Phoebe Needles Center, Inc.
732 Turners Creek Road
Callaway, Virginia 24067-5814
(540)-483-1518
Fax (540)-483-2235
Email PNCenter@gmail.com
Website: www.PhoebeNeedles.org

Phoebe Needles Center, Inc. is committed to a policy of equal opportunity for all applicants and employees without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability, or genetic information.