Western Theological Seminary (WTS) APPLICATION FOR EMPLOYMENT

WTS does not discriminate on the basis of race, color, national origin, age, sex, marital status, disability, and other prohibited bases in employment. As a religious institution, WTS reserves the right to make employment and hiring decisions on the basis of religious criteria, based on the Free Exercise Clause of the First Amendment to the Constitution of the United States and relevant statutes. Applicants requiring reasonable accommodation to the application and/or interview process should notify the WTS Director of Admin. and Human Resources.

Position(s) applied for:										
Last Name:			First Name:			Middle Ini	tial:			
Street Address:			City:			State:	Zip:			
Phone number:			Email Address:							
How did you hear about the	e position?									
Have you ever been employed by WTS in the past?				Yes	No	If yes, when?				
Have you ever applied for a position at WTS in the past?				Yes	No	If yes, when?				
Are you authorized to work in the United States?				Yes	No					
Date available for work:				Desired	l salary r	ange:				
Answering "Yes" to the following question does not constitute an automatic bar to employment. Have you ever been convicted of a crime or pled "guilty" or "no contest"? Yes No If yes, please explain: Employment History – Starting with your most recent employer, provide the following information:										
Employer:			прюует	Dates Employed: From to						
City:	State:	Phone:		Immediate Supervisor:						
Job Title:					nt Metho					
May we contact this employer for a reference?				Yes No						
Why did you leave?										
Employer:					mployed		to			
City:	State:	Phone:		Immediate Supervisor:						
Job Title:				Paymer	nt Metho	od				
May we contact this employer for a reference?					No					
Why did you leave?										

Skills and Qualifications: Summarize special training, computer skills, licenses and/or certificates related to the position for which you are applying:									
Highest Level of Education Completed:									
References: List the name and telephone number of three business/work references who are not related to you.									
1.	Name:	Phone:	Relationship:						
2.	Name:	Phone:	Relationship:						
3.	Name:	Phone:	Relationship:						
Applicant Statement I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional) employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. If I am hired, I understand that I am free to resign at any time, and the employer reserves the same right to terminate my employment at any time, according to the resignation and termination policies stated by the employer. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representatives of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.									
will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.									
By typing my name in the signature box below, I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.									
Ар	plicant Signature:		Date:						