

**LIVING BRANCH CHURCH**  
 PROMISE LAND LEARNING CENTER  
 Employment Application



**APPLICANT INFORMATION**

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Date of Birth	
Position Applied for			Desired Pay
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

**EDUCATION**

High School	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

**INDIVIDUAL'S IDENTIFYING INFORMATION**

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
First Name:		Middle Name:	Last Name:
List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results:			
Other First Names:	Other Middle Names:	Other Last Names:	
Street Address:	City:	State:	Zip Code:
County:	Telephone Number:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:			
Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Social Security Number:	Photo ID Type: <input type="checkbox"/> Driver License: Number:                      State: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:	
Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment: <input type="checkbox"/> Email: <input type="checkbox"/> Telephone Number:			
Relationship of person to requestor: <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster Parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:			
For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated			
Will this person be paid or is this person currently paid by the operation in the role selected? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**The following pages are additional Individual's Identifying Information sheets for use when submitting more than one individual's background check**