

# Magdalena Ministries, Inc. Employment Application

Position applying for: \_\_\_\_\_

Hours/week: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

## General Information:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # & State \_\_\_\_\_ Are you under the age of 18? \_\_\_\_\_

Current Address \_\_\_\_\_

How long at the above address? \_\_\_\_\_ If less than 2 years, please provide previous address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## References:

Please provide three references, other than staff members or former employees of Magdalena House:

Name/Relationship	Address	Phone Number/Email
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Education:** Applicants may be required to provide proof of education, certificate or licensing.

High School Graduate or GED? \_\_\_\_\_ Month/Year Completed: \_\_\_\_\_

High School & Location or GED Institution: \_\_\_\_\_

Type of School	School Name & Location	Dates Attended Mo/Yr – Mo/Yr	Date Graduated	Expected Grad. Date	Major/Minor Field of Study
Undergrad					
Graduate					
Technical					
Vocational					

Are you CPR certified?  Yes  No List any languages other than English that you speak:

\_\_\_\_\_

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use. List all computer applications you are competent using. (Attach an additional page or use the back if needed.)

**Employment Information:**

List all employers over the last ten years in order beginning with the most recent or current employer. Include U.S. military service, self-employment, and temporary jobs. Write N/A where appropriate.

Current or Last Employer: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Supervisor or Contact Person for reference: \_\_\_\_\_

Phone#: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Summarize your responsibilities, qualifications and trainings concerning this position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Supervisor or Contact Person for reference: \_\_\_\_\_

Phone# \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Summarize your responsibilities, qualifications and trainings concerning this position:

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Employer: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Specific Reason for Leaving: \_\_\_\_\_

Supervisor or Contact Person for reference: \_\_\_\_\_

Phone: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Summarize your responsibilities, qualifications and trainings concerning this position:

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**Spiritual Information:**

Please provide the following information concerning your spiritual/religious background over the past five years. Are you a member of a faith community? \_\_\_\_\_

Name of community: \_\_\_\_\_

Previous community: \_\_\_\_\_

Past and current Responsibilities held in your faith community:

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Describe your journey of faith:

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What have you been doing to grow spiritually in the past two years?

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**Background Information:**

Answering yes or leaving any of the following questions unanswered will not automatically disqualify you from employment. Each case will be considered on its individual merits.

Have you ever been arrested for, charged with, under probation for or convicted of sexual abuse, physical abuse, maltreatment, or neglect? Y or N

Have you ever been arrested for, charged with, under probation for, or convicted of possession, sale or use of controlled substance, or of driving under the influence of alcohol or drugs? Y or N

Have you been arrested or convicted for any criminal act more serious than a traffic violation? Y or N

Have you ever been asked to step away from ministry or work with students or children in any setting, paid, or volunteer? Y or N

Have you ever been treated for any period of time for alcohol or drug abuse? Y or N

Have you ever been a victim of any form of abuse, maltreatment, or neglect? Y or N

Please provide any additional information you would like to share: \_\_\_\_\_

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**Waiver/Release:**

I, the undersigned, give my authorization to Magdalena House representatives to verify the information on this form. Magdalena House may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as an employee working with MH residents.

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for employment/volunteer work with MH residents. I waive any right that I might have to inspect any information provided about me by any person or organization identified by me in this application.

I also hereby remise, release, and forever discharge and agree to indemnify Magdalena House and hold each of their officers, directors, employee and agents harmless from and against any and all claims, and causes of actions, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee.

Should my application be accepted, I will support the policies of Magdalena House. If I violate these guidelines, I understand that my employee status may be terminated. I also acknowledge that both the Magdalena House and I have the right to terminate the employment relationship at any time, with or without cause, and this at will relationship will remain in effect throughout my employment.

Print Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_

Witness should be 18 years of age or older and not related to the applicant.