

RISEN SAVIOR CHURCH AND SCHOOL

Employee/Volunteer Records

Name: _____ DOB: _____
Home Address: _____
City/State: _____ Zip: _____
Cell Phone: (____) _____ SS#: _____
Position: _____ E-Mail Address: _____
Employment Date: _____ Termination Date: _____

Staff Emergency Information

Should an accident occur during a business day, who should be contacted?

Name: _____ Phone: _____ Relationship: _____
Address: _____ City: _____ Zip: _____

Immunization Verification

Immunization Statement: In Compliance with Arizona State Law, the undersigned does hereby testify that he/she has immunizations against measles, rubella, diphtheria, mumps and pertussis that are current.

Employee Signature _____ Date: _____

Employees should provide the following: (please check and date when completed and attach to file)

- _____ Copy of Employee/Volunteer Current State Drivers License
- _____ 2 Written References (1 Professional & 1 Personal)
- _____ Certified in First Aide Exp. Date _____
- _____ Certified in CPR Exp. Date _____
- _____ Proof of TB Test Results Date _____
- _____ Finger Print Clearance Card Exp. Date _____
- _____ Criminal History Affidavit Form
- _____ Direct Service Position Form
- _____ Employment Eligibility Verification
- _____ W-4 form
- _____ A-4 form
- _____ Documentation of the new staff training Date _____
- _____ Direct Deposit

Copies of high school diploma, college transcripts, teaching certificate, any earned degrees, in-service hours completed, and employee evaluations attach to file.

School Level / Name & Location of school / # of years attended / Did you graduate?
High School:
College:
Trade:

General

Subjects of special study or research work:
Special Training:
Special Skills:

Former Employers

List below last 2 employers, starting with the most recent

Name of present employer: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Starting Date: _____ Leaving Date: _____ Job Title: _____
 Starting Salary: _____ Final Salary: _____
 Name of Supervisor: _____ Title: _____ Phone: _____
 Description of work: _____

 Reason For Leaving: _____

Name of prior employer: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Starting Date: _____ Leaving Date: _____ Job Title: _____
 Starting Salary: _____ Final Salary: _____
 Name of Supervisor: _____ Title: _____ Phone: _____
 Description of work: _____

 Reason For Leaving: _____

Have you been convicted of a felony within the last 5 years? ___ Yes ___ No

If yes, explain. (Will not necessarily exclude you from consideration)

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.”

Signature _____ Date _____