

# Application for Employment

## Encompass World Partners

P.O. Box 620067  
Atlanta, GA 30362  
678-992-5313 www.encompassworldpartners.org



Applicants are considered for all positions without regard to race, color, religion (except as exempt under the law), sex, national origin, veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application \_\_\_\_\_  
Position Applied for \_\_\_\_\_  
Where did you hear of this opening with Encompass? \_\_\_\_\_  
Type of employment sought: Full-Time\_\_ Part-Time\_\_ Seasonal\_\_ On-Call\_\_ Temporary\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Social Security # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Are you known to references by another name? Yes\_\_ No\_\_ If yes, what name? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Are you legally allowed to work in the U.S. Yes\_\_ No\_\_

Are you employed now? Yes\_\_ No\_\_ May we contact your present employer? Yes\_\_ No\_\_

Can you travel if the job requires it? Yes\_\_ No\_\_

On what date would you be available for work? \_\_\_\_\_

Best time for an interview? \_\_\_\_\_

## Education

	High School	College	Graduate/Professional
School Name	_____	_____	_____
Years Completed	_____	_____	_____
Diploma/Degree	_____	_____	_____
Courses of Study	_____	_____	_____
Activities, Skills, Training Apprenticeship	_____	_____	_____

- To be considered for employment, you must complete all 4 pages. -

## Employment Experience

List each job held. Begin with your present or most recently held position.

Employer		From/To	
Position/Responsibilities			
Address			
City		State	
Supervisor			
Reason for Leaving			
Employer		From/To	
Position/Responsibilities			
Address			
City		State	
Supervisor			
Reason for Leaving			
Employer		From/To	
Position/Responsibilities			
Address			
City		State	
Supervisor			
Reason for Leaving			

If additional space is needed, please continue on another sheet of paper.  
Please give any additional information that you feel may be relevant to your qualifications.

## Overview of Experience

Please indicated with T (training) or E (experience).

Check only as relevant to the position for which you are applying.

<input type="checkbox"/> Accounting/Cashier	<input type="checkbox"/>	Database (brand? _____)
<input type="checkbox"/> Dictating Equipment	<input type="checkbox"/>	Typing (wpm _____)
<input type="checkbox"/> Word Processing	<input type="checkbox"/>	Receptionist
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/>	Microsoft Excel
<input type="checkbox"/> Microsoft Powerpoint	<input type="checkbox"/>	Microsoft Access
<input type="checkbox"/> Microsoft Publisher	<input type="checkbox"/>	Microsoft Outlook
<input type="checkbox"/> Project Management	<input type="checkbox"/>	Other

Briefly discuss any special qualifications that you possess which might be of benefit to Encompass.

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Names of professional associations, service clubs, and Christian organizations of which you are a member.

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Give any additional information relevant to your qualifications.

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## Goals

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Please share your long term career goals.

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Why are you pursuing this position with Encompass?

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What do you feel would be your strongest contribution to the Encompass team?

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Please write a brief account of your conversion and a statement of your present commitment to Christ.

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What ministries are you or have you been helping in your church or community?

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## References

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Please give the names, addresses and phone numbers of four individuals, (including at least two employers) whom we may contact regarding your educational background, experience, and performance.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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## Charis Commitment to Common Identity

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Please read the Charis Commitment to Common Identity found here:

<http://charisalliance.org/en/documents/documents.php>. Can you commit to support and disciple in a manner consistent with the doctrines of the Charis Fellowship as expressed in the above Commitment to Common Identity? Yes\_\_\_ No\_\_\_ If no, please explain.

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

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