



PO Box 336  
Montezuma KS 67867

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## APPLICATION FOR EMPLOYMENT

Date of application

First Name	Middle Initial	Last Name	
Address	City	ST	Zip
Cell Phone	Home Phone (optional)	Email	
Gender	Date of Birth	Number of dependents	
<input type="checkbox"/> M <input type="checkbox"/> F			
Marital status	Congregation of church membership		
Desired pay range (hourly)	Are you currently employed?	Available Start Date	
	<input type="checkbox"/> Y <input type="checkbox"/> N		
Level of education	Any specialized training, trade school, degrees, etc.?		

Please list your areas of highest proficiency, special skills, or other items that may contribute to your abilities to perform the position you are applying for.

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On a scale of 1 to 10, please rate yourself in the following areas with 1 being the lowest and 10 being the highest.

Proficiency with Microsoft Word	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Proficiency with Microsoft Excel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Proficiency with Microsoft Outlook	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Proficiency with Microsoft Teams	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Proficiency with FileCenter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Touch typing skill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Touch number key pad skill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Ability to work as a team member	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Ability to work independently	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Ability to avoid being distracted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Comfortable speaking on the phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
OK with confrontation when necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Comfortable with new technology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

References (other than employers) – please list at least two. Examples: pastor, teacher, mentor, house parent, youth leader, etc.

Name	Relationship	Telephone
_____	_____	_____
Name	Relationship	Telephone
_____	_____	_____
Name	Relationship	Telephone
_____	_____	_____

Previous Employment – Please list beginning from current employment or most recent.

Start Date	End Date	Company Name	Location
_____	_____	_____	_____
Your Role or Title	Manager’s Name	Company Phone	Manager’s Cell Phone
_____	_____	_____	_____
Job notes, tasks performed, and reason for leaving			
_____			
_____			
_____			

Start Date	End Date	Company Name	Location
_____	_____	_____	_____
Your Role or Title	Manager’s Name	Company Phone	Manager’s Cell Phone
_____	_____	_____	_____
Job notes, tasks performed, and reason for leaving			
_____			
_____			
_____			

Start Date	End Date	Company Name	Location
_____	_____	_____	_____
Your Role or Title	Manager’s Name	Company Phone	Manager’s Cell Phone
_____	_____	_____	_____
Job notes, tasks performed, and reason for leaving			
_____			
_____			
_____			