Interchurch Medical Assistance (IMA)
EMPLOYMENT APPLICATION

PERSONAL INFORMATION: (*Incomplete information could disqualify you from further consideration.*)

Full Name: _____ _____
(Given Name)   (Sir Name)

Home Address: _____

E-Mail Address: _____ @ _____

Home/Mobile Telephone: _____

Date of Birth (Day/Month/Year) _____ Place of Birth: _____

Citizenship: _____

EMPLOYMENT DESIRED

Date You Can Start Working: _____ Position Desired: _____

REFERRAL SOURCE

Do you know anyone who works for IMA (both friends and relatives)? (Please select "yes" or "no")   Yes_____   No_____

If yes, who? _____   What is your relationship to this person? _____

Have you ever worked for IMA?   (Please select "yes" or "no")   Yes_____   No_____

If yes, provide dates of employment and ending job title _____

Have you even been involuntarily terminated or requested to leave a job? (Please select "yes" or "no")   Yes_____   No_____

If yes; please explain: _____

_____

EMPLOYMENT HISTORY: *Include your last two (2) Employers.*

Information on your most recent or current Employer:

(1) Name of Company/ Employer: _____

Address: _____

Start Date: _____ End Date: _____
(Spell out month)   (Spell out month)

Job Title: _____   Number of hours worked in a week_____

Starting Pay before taxes: _____ Ending Pay Rate before taxes: _____

Name of Supervisor: _____ Title: _____

Phone Number: _____ E-Mail Address: _____

May we contact this supervisor? (Please select "yes" or "no")   Yes_____   No_____

Reason for Leaving: _____

Information on Previous Employer:

(2) Name of Company/ Employer: _____

Address: _____

Start Date: _____ End Date: _____
(Spell out month)   (Spell out month)

Job Title: _____ Number of hours worked in a week_____

Starting Pay before taxes: _____ Ending Pay Rate before taxes: _____

Name of Supervisor: _____ Title: _____

Phone Number: _____ E-Mail Address: _____

May we contact this supervisor? **(**Please select "yes" or "no") Yes_____ No_____

Reason for Leaving: _____

EDUCATION HISTORY: *(Incomplete information could disqualify you from further consideration. We may request transcripts)*

Name and Location

Primary School:

    Number of Years Attended? _____

    Subject Studied (Major) _____

    Did you receive a degree or diploma? **(**Please select "yes" or "no") Yes_____ No_____

    If yes, what degree? _____

College/University:

    Number of Years Attended? _____

    Subject Studied (Major) _____

    Did you receive a degree or diploma? **(**Please select "yes" or "no") Yes_____ No_____

If yes, what degree? _____

PROFESSIONAL REFERENCES: *Give the names of at least three (3) persons. Additional references may be requested and /or contacted.*

REFERENCE # 1

NAME: _____YEARS ACQUAINTED:_____

RELATIONSHIP: _____

HOW CAN WE CONTACT THIS PERSON? _____

REFERENCE # 2

NAME: _____YEARS ACQUAINTED:_____

RELATIONSHIP: _____

HOW CAN WE CONTACT THIS PERSON? _____

REFERENCE # 3

NAME: _____YEARS ACQUAINTED:_____

RELATIONSHIP: _____

HOW CAN WE CONTACT THIS PERSON? _____

CERTIFICATIONS:

Are you a United States Citizen or a Permanent Resident (Green Card holder)?
(Please select "yes" or "no")   Yes_____   No_____

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Interchurch Medical Assistance (IMA) to hire me. If I am hired, I understand that either Interchurch Medical Assistance (IMA) - or I can terminate my employment in accordance with the terms and conditions as laid out in the employment contract and the employment policies and in accordance with relevant labor laws and regulations.

I understand that no representative of Interchurch Medical Assistance has the authority to make any assurance to the contrary. I attest with my signature below that I have given to Interchurch Medical Assistance true and complete information on this application. No requested information has been concealed. I authorize Interchurch Medical Assistance (IMA) to contact references and make any additional inquiries or investigations it deems necessary to establish the validity of the information provided during the course of the recruitment process.

If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. I further understand that if hired, I may be subject to future background investigations in accordance with my employer's obligations to its funders and/or legal requirements. Refusal to permit a background investigation or failure to successfully pass such an investigation may jeopardize my continued employment and may result in my dismissal.

Applicant Signature: _____Date: _____

Applicant Printed Name: _____