

# Employment Application



Pursuant to the Americans with Disabilities Act, please call CBE at 612-872-6898 or email [cbe@cbeinternational.org](mailto:cbe@cbeinternational.org) should you require specific aids to fully participate in the interview process. CBE is an equal opportunity employer and makes all employment decisions, including those related to recruitment, hiring, training, promotion, and recognition of individuals on the basis of their ability and job related qualifications and without regard to race, religion, color, sex, national origin, age, disability, or any other classification proscribed under applicable federal, state or local law.

**In addition to filling out this application form, please send us your most recent resume or CV.**

## Personal Information

Legal Name (Last, First, MI):		Today's Date:	
Preferred First Name (if different from above):		Email:	
Street Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	

1. Are you willing to work (check all that apply):

- Full Time     
  Part Time     
  Temporary     
  Intermittent     
  Daytime  
 Weekends     
  Evenings     
  Nights     
  Overtime

2. Position(s) applying for: \_\_\_\_\_

3. Salary/Wages desired: \_\_\_\_\_

4. Are you legally authorized to work in the United States? Check one:  Yes  No

5. When could you start employment? \_\_\_\_\_

6. Have you previously been employed by or ever applied for employment with CBE?  Yes  No

If yes, explain: \_\_\_\_\_

7. Previous Volunteer Duties:

**Employment History** Please list your six most recent positions. If you have held fewer than six, please list all previous positions you have held.

Current (or most recent) Position:		From (mm/yy):	To (mm/yy):
Name of Company:		Name of Supervisor:	
Title/Department of Supervisor:		Supervisor's Phone Number:	
Duties:			
Starting Salary/Wages:	Final Salary/Wages:	Bonus:	Commission:
Reason for Leaving:			

Next Previous Position:				From (mm/yy):	To (mm/yy):
Name of Company:		Name of Supervisor:			
Title/Department of Supervisor:		Supervisor's Phone Number:			
Duties:					
Starting Salary/Wages:	Final Salary/Wages:	Bonus:	Commission:	Reason for Leaving:	

Next Previous Position:				From (mm/yy):	To (mm/yy):
Name of Company:		Name of Supervisor:			
Title/Department of Supervisor:		Supervisor's Phone Number:			
Duties:					
Starting Salary/Wages:	Final Salary/Wages:	Bonus:	Commission:	Reason for Leaving:	

Next Previous Position:				From (mm/yy):	To (mm/yy):
Name of Company:		Name of Supervisor:			
Title/Department of Supervisor:		Supervisor's Phone Number:			
Duties:					
Starting Salary/Wages:	Final Salary/Wages:	Bonus:	Commission:	Reason for Leaving:	

Next Previous Position:				From (mm/yy):	To (mm/yy):
Name of Company:		Name of Supervisor:			
Title/Department of Supervisor:		Supervisor's Phone Number:			
Duties:					
Starting Salary/Wages:	Final Salary/Wages:	Bonus:	Commission:	Reason for Leaving:	

Next Previous Position:				From (mm/yy):	To (mm/yy):
Name of Company:		Name of Supervisor:			
Title/Department of Supervisor:		Supervisor's Phone Number:			
Duties:					
Starting Salary/Wages:	Final Salary/Wages:	Bonus:	Commission:	Reason for Leaving:	

**Education Information**

Have you earned a high school diploma or GED? Check one:

Yes  No

Name of College:		City/State:
Major:	GPA:	Earned Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what degree?
Name of College:		City/State:
Major:	GPA:	Earned Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what degree?
Name of Graduate School:		City/State:
Major:	GPA:	Earned Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what degree?
Name of Other Institution:		City/State:
Major:	GPA:	Earned Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what degree?

**Work-Related References:** Please list three work-related references. Please include reporting supervisors, if possible.

Name of Reference 1:	Name of Company:
Title/Department of Reference:	Reference's Phone Number or Email:
Name of Reference 2:	Name of Company:
Title/Department of Reference:	Reference's Phone Number or Email:
Name of Reference 3:	Name of Company:
Title/Department of Reference:	Reference's Phone Number or Email:

I give CBE permission to phone my references.

\_\_\_\_\_  
Signature Date

8. Have you been discharged from any job within the last five years? Check one:

Yes  No

If yes, explain: \_\_\_\_\_

9. Have you quit after being notified that you would be terminated? Check one:

Yes  No

If yes, explain: \_\_\_\_\_

10. Have you ever been convicted of a felony (not including traffic citations)? Check one:  Yes  No  
Criminal conviction does not constitute an automatic bar to employment. Convictions will only be considered in relation to specific job requirements.

If yes, explain below. Please include name and location of court.  
It is only necessary to include convictions which have not been expunged from your record.

11. Have you ever been disbarred or otherwise lost a license to practice your profession? Check one:  Yes  No

If yes, explain:

**General**

If necessary, to complete the following questions, attach additional pages at end.

List other qualifications pertinent to the position for which you are applying (awards, specialized training, etc.).

What draws you to CBE's mission of Biblical Equality? Why do you want to work for CBE? How will you contribute to furthering CBE's mission of Biblical Equality?

What are your ministry interests?

What do you believe to be your strengths and gifts?

What are areas of growth or places you want to improve or acquire new skills?

How would you describe your spiritual life and relationship with Christ?

Please read the following statements carefully before signing.

- In consideration of my employment, I agree to conform to the policies and procedures of CBE. I understand that in submitting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
- I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation, including satisfactory reference checks. I will, upon request, sign all necessary consent forms.
- I authorize CBE to investigate any information, including my employment history, educational background, credit history and record of criminal convictions that it believes is relevant to my employment application. My former employers, education institutions, and personal references may provide information that they may have about me in response to inquiry from CBE.

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Applicant Signature

Date

**Thank you for your interest in working for CBE!**

Please submit this form, along with your resume or CV, in one of the following ways:

Email: [cbe@cbeinternational.org](mailto:cbe@cbeinternational.org)

Fax: 612-872-6891

Mail: CBE, 122 W Franklin Ave, Suite 218, Minneapolis, MN 55404

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**Human Resources Approval**

**FOR OFFICE USE ONLY**

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

Awarded: \_\_\_\_\_

Signature of Hiring Department Supervisor

Date

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Signature of CBE Executive

Date