



Highland Park
COMMUNITY CHURCH

Employment Ministry Application

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Basic Information

Position Sought _____ Date _____

Name _____
First Last

Address _____
Street Address City State Zip

Phone numbers _____
Home Work Cell

Best times to reach me are _____ May we call you at work? Yes No

Email _____ Social Security # _____

How long have you attended our church? _____

Emergency contact _____ Phone _____
Name and relationship

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No
If yes, please describe the circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

Education

High school _____ City State Grad year

College/tech school _____ City State Grad year

Degree and major _____ Minor

Other education, training, and licenses _____

Employment Ministry Application

Ministry Experience (list most recent first)

Church (name, city, state, and zip) Dates Area of service Contact person Phone

Tell Us About Yourself

1. When and how did you become a Christian?

2. What have you been doing to grow spiritually in the past year?

3. What are your expectations of the area of ministry you are applying for?

4. What special qualities or qualifications would you contribute as a volunteer/employed staff member?

5. What is your belief concerning the following issues:
 - a. The authority of the Bible

 - b. Use of tobacco, drugs, alcoholic beverages

 - c. Premarital/extramarital sex

 - d. Homosexuality

 - e. Christians dating Non-Christians

Employment History

1. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

Employment Ministry Application

2. Employer _____ Job Title _____
 Dates Employed _____ Prior Position Held within Company (if any) _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____
3. Employer _____ Job Title _____
 Dates Employed _____ Prior Position Held within Company (if any) _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Job Title _____ Supervisor _____
 Starting Salary _____ Ending Salary _____
 Duties Performed _____
 Reason for Leaving _____

References

Please provide three character references (other than family members) who can identify your strengths and weaknesses and describe your background.

1. _____

Name	Address	Home / work phone	Relationship
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2. _____

Name	Address	Home / work phone	Relationship
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3. _____

Name	Address	Home / work phone	Relationship
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Self-Description

Please circle the words that best describe you, and cross out words that least describe you:
 (at least 3 of each)

trustworthy dependable active compassionate reliable self-starter punctual flexible laid-back
quick thinker spontaneous decisive teachable team player humorous thoughtful solitary leader
cautious risk taker patient reflective honest organized creative disciplined faithful

What are your spiritual gifts?

Please list any personal weaknesses, areas where you need to grow, or special concerns that could affect your ministry.

1.
2.

Employment Ministry Application

Medical Information

Have you had any prior injuries that might be aggravated by working in ministry?

Are you currently taking any medication prescribed by a doctor for physical or other conditions that would affect your ministry?

Background information-If answered yes, please write an explanation.

Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, maltreatment, or neglect?
 yes no

Have you ever been accused or convicted of possession / sales of controlled substances or of driving under the influence of alcohol or drugs?
 yes no

Have you been arrested or convicted for any criminal act more serious than a traffic violation? If yes, please explain.
 yes no

Have you ever been involved romantically or sexually with any student in the youth ministry, or had sexual relations with any minor after you became an adult?
 yes no

Have you ever gone through treatment for alcohol or drug abuse?
 yes no

Have you ever been asked to step away from ministry or work with students or children in any setting, paid or volunteer?
 yes no

Is there anything in your past or current life that might be a problem if we found out about it later? If yes, please explain.
 yes no

I attest that all the information on this application is true and correct. I acknowledge that any incomplete or false information can result in termination. _____ Initial

Signature

Date

Revised 4-5-17

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with Highland Park Community Church (“Client”), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. The report may also contain information about me relating to my criminal history, social security number verification, verification of education or employment history, or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I authorize Client or its authorized agents to obtain consumer reports or investigative consumer reports about me.

Print Name _____ Today’s Date _____

Street Address _____

City _____ State _____ ZIP _____

Social Security Number _____ Date of Birth _____

Email Address _____

SIGNATURE _____

HIGHLAND PARK COMMUNITY CHURCH DIRECT DEPOSIT FORM

Employee Payroll Direct Deposit Authorization

Please indicate below whether you would like to have your paycheck deposited directly into your checking account or your savings account or a combination of both. You will receive a pay stub showing your gross pay, deductions, and net pay.

This document must be signed by the employee.

Account 1 _____

Account 1 type: ___ Checking ___ Savings

Name of financial institution: _____

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account) _____

Account 2 type: ___ Checking ___ Savings

Name of financial institution: _____

Bank routing number (ABA number): _____

Account number: _____

Attach voided check or savings account deposit slip for each account here

I authorize Highland Park Community Church of God, Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated on this form. This authorizes the financial institution holding the Account to post all such entries.

Print Name: _____ Date: _____

Authorized Signature: _____

Please return to payroll.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ Employee's signature (This form is not valid unless you sign it.)	▶ _____	Date

Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

► **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<p align="center">LIST A</p> <p align="center">Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">OR</p>	<p align="center">LIST B</p> <p align="center">Documents that Establish Identity</p>	<p align="center">AND</p> <p align="center">LIST C</p> <p align="center">Documents that Establish Employment Authorization</p>
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**HPCC
2021**

PAYROLL SCHEDULE

WEEK	PAY PERIOD START	PAY PERIOD END	PAYDAY
1	12/27/2021	1/9/2021	1/14/2021
2	1/10/2021	1/23/2021	1/28/2021
3	1/24/2021	2/6/2021	2/11/2021
4	2/7/2021	2/20/2021	2/25/2021
5	2/21/2021	3/6/2021	3/11/2021
6	3/7/2021	3/20/2021	3/25/2021
7	3/21/2021	4/3/2021	4/8/2021
8	4/4/2021	4/17/2021	4/22/2021
9	4/18/2021	5/1/2021	5/6/2021
10	5/2/2021	5/15/2021	5/20/2021
11	5/16/2021	5/29/2021	6/3/2021
12	5/30/2021	6/12/2021	6/17/2021
13	6/13/2021	6/26/2021	7/1/2021
14	6/27/2021	7/10/2021	7/15/2021
15	7/11/2021	7/24/2021	7/29/2021
16	7/25/2021	8/7/2021	8/12/2021
17	8/8/2021	8/21/2021	8/26/2021
18	8/22/2021	9/4/2021	9/9/2021
19	9/5/2021	9/18/2021	9/23/2021
20	9/19/2021	10/2/2021	10/7/2021
21	10/3/2021	10/16/2021	10/21/2021
22	10/17/2021	10/30/2021	11/4/2021
23	10/31/2021	11/13/2021	11/18/2021
24	11/14/2021	11/27/2021	12/2/2021
25	11/28/2021	12/11/2021	12/16/2021
26	12/12/2021	12/25/2021	12/30/2021