FIRST METHODIST CONROE

APPLICATION FOR EMPLOYMENT

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, physical or mental handicap, veteran status, or citizenship status. The receipt of this application does not mean that the job opening exists nor does it obligate First Methodist Conroe in any way. We appreciate your interest in our organization.

DATE _____

PERSONAL INFORMATION

Name _____
Last First Middle Initial

Present Address _____
No. and Street City State Zip

How long have you lived at the above address? _____

Previous Address _____
No. and Street City State Zip

Phone No._____ Social Security No. _____

Are you over the age of 18? ☐ Yes ☐ No (If no, employment is subject to verification that you are of minimum legal age.)

What languages can you read/speak fluently? _____

Are you a citizen of the United States? ☐ Yes ☐ No

If not a citizen of the U.S.A., can you provide proof that you can legally be employed in the U.S.A.? ☐ Yes ☐ No

EMPLOYMENT INFORMATION

What position are you applying for? _____ Date Available for Work _____

What salary / hourly rate do you expect? _____

Type of Employment ☐ Full Time ☐ Part Time ☐ Temporary

What days and hours if part time? Days _____ Hours _____

REFERENCES

(Please do not list relatives)

Name _____

Number of Years Known _____ Occupation _____

Email Address _____ Cell Number _____

Name _____

Number of Years Known _____ Occupation _____

Email Address _____ Cell Number _____

Name _____

Number of Years Known _____ Occupation _____

Email Address _____ Cell Number _____

_____ The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on my application shall be considered sufficient cause for dismissal.

_____ I understand that employment with First Methodist Conroe is "at will," and includes no guarantee, contract, or promise of employment for any specified length of time.

_____ I authorize the use of any information in this application and any attached supplements to verify my statements. I authorize my past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

_____ _____

Signature of Applicant Date

PRIOR WORK RECORD

(Start with most recent or present employer.)

No. 1

Name of Employer _____ Phone _____

Address _____

Name and Position of Immediate Supervisor _____

Date of Employment: From_____ To _____ Starting Rate $ _____ Ending Rate $_____

Your Position, Title, and Duties _____

Reason for Leaving (If Applicable) _____

No. 2

Name of Employer _____ Phone _____

Address _____

Name and Position of Immediate Supervisor _____

Date of Employment: From_____ To _____ Starting Rate $ _____ Ending Rate $_____

Your Position, Title, and Duties _____

Reason for Leaving _____

No. 3

Name of Employer _____ Phone _____

Address _____

Name and Position of Immediate Supervisor _____

Date of Employment: From_____ To _____ Starting Rate $ _____ Ending Rate $_____

Your Position, Title, and Duties _____

Reason for Leaving _____

May we contact the employers listed above? ☐ Yes ☐ No

If not, indicate by number which one(s) you do not wish for us to contact?

☐ No. 1

☐ No. 2

☐ No. 3

Have you ever applied for a job with us before? ☐ Yes ☐ No

Have you worked for us before? ☐ Yes ☐ No If yes, when? _____

Have you ever been charged with, convicted of, or pled guilty to a crime, either misdemeanor or felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? ☐ Yes ☐ No

If yes, please explain fully. _____

_____

_____

Does your present employer know of your plans to change employment? ☐ Yes ☐ No

If making a change, why? _____

Have you ever held a position of trust (handling money or confidential material)? ☐ Yes ☐ No

Would you have steady transportation to work? ☐ Yes ☐ No

Do you have any personal responsibilities or problems that may affect your regular attendance? ☐ Yes ☐ No

If yes, please explain. _____

What other experiences, skills, or qualifications do you have that you believe would equip you well for work in our organization?

_____

Schooling	Years Completed	Degree Received (or Major)	Name of School	Location	Did You Graduate?
High School					
Trade/Business/ Online					
College					
Graduate School (or Seminary)					

You may use an additional piece of paper and attach it to this application.

Describe any other specialized or professional training (software certifications, technology training, etc.). If you are presently enrolled in school, what are you studying?

_____

_____