

MINISTRY STAFF APPLICATION FORM

Salem UMC, Cedar Rapids, Iowa

<Form revised November 10, 2010>

Date of Application: _____ **Position you are applying for:** _____

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email(s): _____

Date of Birth: _____ Marital Status: M S D W Sep Anniversary (if applicable) _____

Spouse's Name (if applicable): _____ Spouse's Date of Birth (if applicable): _____

Social security number: _____ U.S. Citizen? [] yes [] no

Can you perform the functions of this job with or without reasonable work accommodations? [] yes [] no

If no, please explain: _____

Schedule desired (Full or Part time): _____ List days / hours unable to work: _____

How did you hear about this position: _____

Rate of pay desired: _____ Date you are available to start in this position: _____

Education:

High School _____ Year of High School graduation _____

College _____ Degree/Diploma _____ Dates From/To _____

Post-graduate or other training: _____

Special Skills or Training: _____

Employment History:

Present employer / Phone _____ **Dates From/To** _____

Type of business _____ Your Title _____ Your Supervisor _____

Salary – Starting and Current _____ Benefits _____

Why are you leaving? _____

Your duties and accomplishments: _____

What do you like and not like about this job? _____

Past employer #1 / Phone _____ **Dates From/To** _____

Type of business _____ Your Title _____ Your Supervisor _____

Salary – Starting and Ending _____ Benefits _____

Why you left? _____

Your duties and accomplishments: _____

What did you like and not like about this job? _____

Past employer #2 / Phone _____ **Dates From/To** _____

Type of business _____ Your Title _____ Your Supervisor _____

Salary – Starting and Ending _____ Benefits _____

Why you left? _____

Your duties and accomplishments: _____

What did you like and not like about this job? _____

Your future career goals: _____

References:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Have you ever been convicted of a felony or misdemeanor? [] yes [] no

May the church check with your past employers & references and ask for information? [] yes [] no

May the church check with the department of motor vehicles about your driving record? [] yes [] no

May the church obtain criminal records check or other background records check on you? [] yes [] no

May the church verify all items of information you have given on this form? [] yes [] no

May the church check with any other persons / sources it may consider relevant to hiring you? [] yes [] no

APPLICANT: Read and Sign Below

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

Signed:

_____ Date: _____

Job Applicant/Volunteer

+++++

For Church Use: Pre-work forms Received: W-4 _____ I-9 _____

Call Record: Date- _____ Letter/Call _____

Additional Information received: _____