



224 North Main Street Wheaton, IL 60187 630-668-3100 www.garychurch.org

## Employment Application

Date: \_\_\_\_\_ Position for which you are applying: \_\_\_\_\_

### Personal:

Name - First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Education:

High School: \_\_\_\_\_ Location: \_\_\_\_\_  
Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No If no, please explain: \_\_\_\_\_  
College: \_\_\_\_\_ Location: \_\_\_\_\_  
Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_  
Other: \_\_\_\_\_ Location: \_\_\_\_\_  
Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_  
Memberships in Professional Organizations: \_\_\_\_\_

### Work Experience:

Please list your employers from the past ten years. Use an additional page if necessary.

1. Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact your supervisor for a reference?  Yes  No  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_

2. Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact your supervisor for a reference?  Yes  No  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_

3. Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact your supervisor for a reference?  Yes  No  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_

**Volunteer Experience:** Please list any relevant volunteer positions you have held in the past five years.

1. Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Volunteer Position: \_\_\_\_\_ Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_

2. Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Volunteer Position: \_\_\_\_\_ Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_

3. Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Volunteer Position: \_\_\_\_\_ Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Duties and Responsibilities: \_\_\_\_\_

**References:** Please list three personal references (unrelated to you by blood or marriage). References are confidential.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Additional Questions**

Depending upon the position for which you are applying, you may be required to work evenings and weekends, including Sundays. Are you able to do that?  Yes  No

Can you support the mission, values and doctrine of the United Methodist Church regardless of your personal beliefs?  Yes  No

Have you ever been convicted of a crime, excluding misdemeanors?  Yes  No

**Verification and Release**

I certify that my answers are true and complete to the best of my knowledge.

If hired, I understand that false or misleading information in my application or interview may result in my release.

If offered employment, I understand that I will be subject to a background check and required to complete an I-9 Employment Eligibility Verification form.

I have read this waiver and application in its entirety and am fully aware of its contents.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date