

APPLICATION FOR EMPLOYMENT
HOPKINSVILLE FIRST UNITED METHODIST CHURCH

☐Nursery/Mother's Day Out ☐Nursery School/Kindergarten ☐Daycare ☐Administration ☐Clergy ☐Other

PERSONAL DATA

Name _____ Home Telephone (____) _____
 Last First Middle

Present Address _____
 Street Address City State Zip Code

Previous Address _____
 Street Address City State Zip Code

Religious Affiliation _____ Name, address and pastor of congregation _____

Are you 18 years or older? ☐ Yes ☐ No

WORK PREFERENCE

Type of work or position applied for _____ Referred by _____

Interested in ☐Full-time ☐Part-time ☐Summer Salary required _____

Date available for work _____

FUMC INFORMATION

Have you been employed by FUMC previously? ☐ Yes ☐ No If yes, when _____

Position _____

Have you previously applied to FUMC? ☐ Yes ☐ No If yes, give date _____

Do you have relatives employed by FUMC? ☐ Yes ☐ No Name _____

OTHER

Are you a citizen of the United States or do you have a valid authorization to work in the United States? ☐ Yes ☐ No

Have you ever been convicted, pleaded guilty or pleaded "no contest" to any crime, other than traffic violations in the pasts?
☐ Yes ☐ No If yes, please explain _____

Have you ever been discharged or asked to resign by a previous employer? ☐ Yes ☐ No If yes, please explain _____

PERSONAL REFERENCES

Name and address	Telephone	Business/Profession	Length of acquaintance
1. _____			
2. _____			
3. _____			

EMPLOYMENT HISTORY

List your complete employment record including temporary, regular and part-time in date order with **most recent first**. List military serve, if applicable, as part of employment record.

MOST RECENT EMPLOYER — Are you currently working for this employer ☐ Yes ☐ No If yes, may we contact? ☐ Yes ☐ No

Company Name _____ Telephone (____) _____

Address _____
Street Address City State Zip Code

Starting Position Title _____ Ending Position Title _____
Supervisors Name _____ Title _____

Employed From _____ Beginning Salary _____ Ending Salary _____ Full-time ☐
Part-time ☐

Brief job description _____

If you were employed under a different name, give that name in full _____

Company Name _____ Telephone (____) _____

Address _____
Street Address City State Zip Code

Starting Position Title _____ Ending Position Title _____
Supervisors Name _____ Title _____

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Part-time ☐

Brief job description _____

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EDUCATION

School Name/Address	Years Attended	Graduation Date	Diploma/Degree	Major Subject	Grade Point Average
High School Address					
Business/Trade School Address					
College/University Address					

Acknowledgment of Understanding and Consent

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask them of an employment interviewer before signing.

This organization does not discriminate in hiring or employment on the basis of race, color, national origin, sex, age or disability. Because we are a church body, we retain the right to give preference in hiring to persons who are members in good standing of FUMC's congregation.

It is understood that this application is not an obligation to provide employment. The application will be kept active for three months and it must be renewed to be active for a longer period.

I hereby certify that the statements made in this employment application are true and complete, to the best of my knowledge, and I authorize investigation of those statements. I understand that falsification, misrepresentation or omission of facts will be sufficient cause for elimination of any consideration for employment or cause for dismissal from FUMC, if I have been employed.

FUMC has the right, exercisable at any time, and without notice, to change wages, to change or eliminate benefits and policies, as well as to terminate, with or without cause, the employment relationship. I understand that no manager or representative of FUMC, other than the Staff Pastor Parish Relations Committee of FUMC, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that all employees of FUMC are expected to respect the official doctrines of the UMC and to pursue lifestyles that are morally in harmony with its teachings.

I agree that I have read and understand the above acknowledgments and agreements and recognize all of the above as conditions of employment.

Signature

Date

Hopkinsville First United Methodist Church
Authorization and Release/Disclosure Form
(background screening purposes only)

In connection with my application for employment, I understand that a background check will be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that, as directed by company policy and consistent with the job described, FUMC may be requesting information from public and private sources about my: driving record, criminal record, education, credentials, references and for financial jobs a credit report. I voluntarily and knowingly authorize the company, and/or its agents, to verify any aspect of the information contained in my employment application or through public or private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release to you or your agents any and all information concerning my former employment. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless FUMC, their agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

By signing below, I hereby authorize FUMC to procure a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period.

Signature

Date

The following information is required by law-enforcement agencies and other entities for positive identification process when checking public records. It is confidential and will not be used by any other purposes.

PLEASE PRINT CLEARLY

Name: Last

First

Middle

Other names used (include maiden name, aliases and nicknames):

Address:

City/State/ZIP:

Telephone Number:

Social Security Number:

Date of Birth:

Driver's License Number:

Type:

State: