

FIRST UNITED METHODIST CHURCH

APPLICATION FOR EMPLOYMENT

It is the policy of the First United Methodist Church to provide equal employment opportunity for our employees without regard to race, color, sex, age, national origin, marital status or disability.

Please attach to this Application for Employment; 1) a resume and 2) a cover letter.

Date: [ ] Position(s) Applying For: [ ]

[ ] Full-Time [ ] Part-Time (Please indicate number of hours desired per week): [ ]

Date which you can start employment: [ ]

PERSONAL INFORMATION:

Name: [ ]

Address: [ ]

City [ ] State: [ ] Zip: [ ]

Home Phone #: [ ] Other: [ ]

E-mail Address: [ ]

Are you legally able to work in the United States? [ ] YES [ ] NO

Is there any other name we should be aware of in order to adequately check your employment or educational history?

[ ] YES [ ] NO

If yes, please list: [ ]

Have you applied with First United Methodist Church before? [ ] YES [ ] NO

If yes, when was the application made and for what position: [ ]

Have you ever been employed with First United Methodist Church before? [ ] YES [ ] NO

If yes, please indicate the department you worked for the dates of employment. [ ]

Have you ever been convicted of any crime, including misdemeanors and felonies? [ ] YES [ ] NO

If yes, please state the nature of the offense(s) and the date of the conviction(s).

NOTE: Answering "yes" to the above question does not constitute an automatic bar from employment. Consideration will be given to the nature of the crime, its seriousness, age at time of offense, the date of the offense, and the position for which you are applying.

Do you have any relative already employed by First United Methodist Church?  YES  NO

If yes, please state name and relationship:

Do you have knowledge of a physical or mental condition which would, should you be hired, affect your ability to perform duties and responsibilities of the role for which you are applying?

YES  NO

If yes, please explain:

### SKILLS AND/OR QUALIFICATIONS

Please list any skills, qualifications and/or languages which you feel are applicable to the position for which you have applied:

Computer  YES  NO

Software:

Graphics  YES  NO

Software:

Other (Please Describe):

### EMPLOYMENT HISTORY

**Instructions:** Starting with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, **but complete this application as well.**

Employer:			
Address:		Phone #:	
Dates Employed:			
Position Held:			
Supervisor:		Supervisor's Phone #:	
Description of Duties (explain fully):			
Reason for leaving:			
Ending salary:			
May we contact this employer:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Employer:			
Address:		Phone #:	
Dates Employed:			
Position Held:			
Supervisor:		Supervisor's Phone #:	
Description of Duties (explain fully):			
Reason for leaving:			
Ending salary:			
May we contact this employer:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Employer:	
Address:	Phone #:
Dates Employed:	
Position Held:	
Supervisor:	Supervisor's Phone #:
Description of Duties (explain fully):	
Reason for leaving:	
Ending salary:	
May we contact this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO	

**EDUCATIONAL HISTORY:**

School Name	Location (city, state)	Major Course or Subject	Graduated		Degree
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
High School:			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Technical/Trade:			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
College (list all attended):			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Other Education/Training:			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Do you plan continued study?  YES  NO

If yes, when:

**OUTSIDE ACTIVITIES:**

(Exclude those indicating race, color, sex, national origin, age or disability)

Professional certificates or licenses held:

Past and present civic or cultural activities – include offices held:

Principal hobbies (related to this position):

**Have answers that did not fit in the provided text box? Please continue them here.**

Make reference to what question(s) you are continuing your answer to.

**REFERENCES:**

Please list three references other than relatives or former employers who are well acquainted with your qualifications:

Name:			
Address:			
Phone #:	Years Known:		

Name:			
Address:			
Phone #:	Years Known:		

Name:			
Address:			
Phone #:	Years Known:		

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal.

I understand that my employment can be terminated, with or without cause, and with or without notice, at any time at the option of either First United Methodist Church or myself. First United Methodist Church may conduct pre-employment physicals (which may include a drug screen), psychological exams and background investigations depending upon the position being applied for.

I authorize First United Methodist Church to make such investigation and inquire of my personal, educational and employment history as may be necessary in arriving at an employment decision. I also authorize the Church to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release the Church, former/prospective/subsequent employer, schools and persons from all liability in responding or disclosure in connection with my application.

By typing your name you are putting your signature on this document.

Signature:

Date: