

Williamsburg United Methodist Church Employment Application

Date of Application _____ , _____
Month / Day Year

PLEASE PRINT LEGIBLY

Name _____
Last First MI

Address _____
Street Apt

City State Zip Code

Home Telephone (_____) _____ Office Telephone (_____) _____
Area Code Phone Number Area Code Phone Number

Type of Position desired: _____ FT PT Date Available: _____

Salary required: \$ _____ per _____

Are there any days or hours you would be **unwilling** to work? Yes No If Yes, specify: _____

Do you have a driver's license? Yes No

What is your means of transportation to work? _____

Work Experience

*Please list your work experience for the **past five years**. You may attach a separate sheet describing volunteer assignments.*

May we contact all listed employers? Yes No If No, specify: _____

Organization/Company Job Title

Address

Date Started Date of Termination Reason for Leaving

Supervisor's Name and Position Phone Number Beginning Salary Ending Salary

Your Responsibilities

Your Responsibilities (cont.)

Work Experience (cont.)

Organization/Company		Job Title			
Address					
Date Started	Date of Termination	Reason for Leaving			
Supervisor's Name and Position		Phone Number	Beginning Salary	Ending Salary	
Your Responsibilities					
Your Responsibilities (cont.)					
Organization/Company		Job Title			
Address					
Date Started	Date of Termination	Reason for Leaving			
Supervisor's Name and Position		Phone Number	Beginning Salary	Ending Salary	
Your Responsibilities					
Your Responsibilities (cont.)					

Education

	Name & Address of School	Graduated		Dates Attended		Degree Earned & Major Field of Study
		Yes	No	From	To	
High School						
College						
Graduate School						
Other (Business Services, Trade)						

List Professional License(s)/Certification(s): _____

List Societies, Memberships, & Offices held: _____

U.S Military Service

Period of Service		Branch	Final Rank	Major Duties
From	To			

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If No, please explain: _____

Are you over 18 years of age? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.? Yes No

REFERENCES

Name / Address / Phone Number	Relationship

EQUAL EMPLOYMENT OPPORTUNITY

Williamsburg United Methodist Church is committed to providing equal opportunity to all qualified employees and applicants for employment. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

To Whom it May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution or other person having personal knowledge about me, to furnish Williamsburg United Methodist Church with any and all information in their possession regarding me in connection with my application for employment. A photocopy of this authorization may be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employees who may provide information based upon this authorized request. I understand this authorization is to be part of the written application that I sign.

Printed Name: _____

SSN: _____

Applicant Signature: _____

Date: _____

I certify that all information given is true and complete, and that I have accounted for all work experience and training for the **past five years**. I understand that misrepresentation or omission of information may be cause for cancellation of my consideration for employment or termination, if already employed, and that employment may also be contingent upon my ability to perform specific job-related duties, with or without accommodation. I further understand that this is an employment "at will" application, and that no employment contract is being offered if employed, such employment is for an indefinite period of time and is subject to changes in wages, conditions, benefits, and operating requirements.

Applicant Signature: _____

Date: _____