

**EMPLOYMENT APPLICATION**

BYRON UNITED METHODIST CHURCH  
103 WEST HERITAGE STREET  
P.O. BOX 6  
BYRON, GA 31008

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street or P.O. Box

Home Phone: \_\_\_\_\_ City County State  
Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

<b><u>OPTIONAL INFORMATION</u></b>	
Date of Birth: _____	Marital Status: _____
Maiden Name (if married): _____	
Number of children: _____	Ages: _____

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

**Education:** Name and location of school #Years attended Program Degree ?

High School: \_\_\_\_\_

College: \_\_\_\_\_

List other training or experience relating to this job: \_\_\_\_\_

List honors, achievement, interests and hobbies: \_\_\_\_\_

List any relevant volunteer positions you have held. Please give name, contact and phone number of the organization(s) and duties you performed: \_\_\_\_\_

**Employment Record:** (Begin with present or last position)

Name of Company or Organization	Address	Employment Dates	Supervisor	Reason for Leaving

May we contact your employer? \_\_\_\_\_

Have you ever been convicted of or pled guilty to any crime (either a misdemeanor or a felony) including, but not limited to; drug related charges, child abuse or other crimes of violence, theft or motor vehicle violations? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Personal References:** (Please don't include relatives)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
Length of time you have known this person: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
Length of time you have known this person: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
Length of time you have known this person: \_\_\_\_\_ Relationship: \_\_\_\_\_

All references will be contacted.

(Continued)

**Waiver and Consent**

I certify that the information I have provided on this application is true and correct. I authorize Byron United Methodist Church (hereafter referred to as BUMC) to investigate all the statements contained in this application and any accompanying documents. I further authorize any person, school, current or past employer(s) and organizations named in this application or accompanying documents to provide BUMC with records, information and opinions that may be useful in making a hiring decision. I further understand that BUMC has an absolute and unwavering commitment to both the spiritual growth and physical safety of our children and youth and that a criminal background check will be conducted. I further agree that BUMC may contact others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event my application is accepted and I become employed by BUMC, I agree to abide by and be bound by the policies of the United Methodist Church and refrain from inappropriate conduct in the performance of my duties on behalf of BUMC.

I have read this waiver and the entire application and am fully aware of the contents. I sign this application, waiver and consent freely and under no duress or coercion.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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