

STILLWATER FIRST UNITED METHODIST CHURCH

APPLICATION FOR EMPLOYMENT

Date: _____

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, disability, veterans status and citizenship status.

PERSONAL INFORMATION			
Name: _____		Phone: _____	
Present Address: _____			
How long have you lived at the above address? _____			
Previous Address: _____			
How long did you live at this address? _____		Email Address: _____	
Are you legally eligible to work in the United States? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
EMPLOYMENT INFORMATION			
Position Applying For _____		Date Available to Begin Work _____	
Type of Employment:	Full-Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	Temporary: <input type="checkbox"/>
If Part Time, What Days/Hours ?	Days: _____	Hours: _____	
Have you ever been convicted of a felony? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
If "Yes" please explain in detail: _____			
Have you ever been discharged or requested to resign?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If "Yes" please explain in detail: _____			
EDUCATION AND TRAINING			
SCHOOL ATTENDED?	MAJOR?	DATES ATTENDED?	DEGREE/DIPLOMA RECEIVED?
High School:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	
College:			
College:			
Tech or Trade School:			
Veteran of the U.S. Military Service? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If "Yes" which branch? _____			
List special training in the military which would better enable you to perform the job for which you are applying			
Describe any other specialized or professional training (such as computers, etc.) _____			
PERSONAL REFERENCES (Do not list relatives or previous employers/supervisors.)			
Name: _____	Address: _____	Phone: _____	
Name: _____	Address: _____	Phone: _____	
Name: _____	Address: _____	Phone: _____	
Name: _____	Address: _____	Phone: _____	

PRIOR EMPLOYMENT/WORK RECORD (Start with most recent.)

Employer:	Phone:	Dates Employed From	To	Type of Work Performed
Address:		Hourly Wage/Salary Beginning:	Ending	
Job Title/Duties			Supervisor Name and Contact Information	
Reason for leaving or for wanting to change jobs.			May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Employer:	Phone:	Dates Employed From	To	Type of Work Performed
Address:		Hourly Wage/Salary Beginning:	Ending	
Job Title/Duties			Supervisor Name and Contact Information	
Reason for leaving or for wanting to change jobs.			May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Employer:	Phone:	Dates Employed From	To	Type of Work Performed
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Job Title/Duties			Supervisor Name and Contact Information	
Reason for leaving or for wanting to change jobs.			May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Employer:	Phone:	Dates Employed From	To	Type of Work Performed
Address:		Hourly Wage/Salary Beginning:	Ending	
Job Title/Duties			Supervisor Name and Contact Information	
Reason for leaving or for wanting to change jobs.			May we contact this employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

May we contact the employers listed above? Yes No

Acknowledgement and Authorization Signature

Please carefully read the following statements and sign below:

The facts set forth in my application for employment are true and complete. I understand that false or misleading statements/answers may disqualify me from employment consideration. I further understand that in the event of employment, false or misleading information given in my application or interview(s) may result in discharge.

I understand that employment with the Stillwater First United Methodist Church is "at will" and includes no guarantee, contract or promise of employment for any specified length of time.

I hereby authorize Stillwater First United Methodist Church (SFUMC) and its designated agents and representatives to conduct a comprehensive review of my background for employment and/or volunteer purposes. I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to SFUMC or its agents and I understand this SFUMC shall maintain all information recieved from this authorizatrion in a confidential manner in order to protect personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature of Applicant _____
Date

