



# EMPLOYMENT APPLICATION

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

PERSONAL INFORMATION					
NAME	LAST	FIRST	MIDDLE	EMAIL ADDRESS:	
HOME PHONE WITH AREA CODE:			WORK PHONE WITH AREA CODE:		
CURRENT STREET :		CITY:	STATE:	ZIP:	SINCE (MO/YR):
EDUCATION					
HIGH SCHOOL ATTENDED:		CITY, COUNTY & STATE:		DID YOU EARN A DIPLOMA:	
UNDERGRADUATE COLLEGE ATTENDED:		CITY, STATE:	AREAS OF STUDY:	DEGREE/CERTIFICATE/DIPLOMA:	
GRADUATE SCHOOL ATTENDED:		CITY, STATE:	AREAS OF STUDY:	DEGREE/CERTIFICATE/DIPLOMA:	
TRADE, BUSINESS OR OTHER SCHOOL:		CITY, STATE:	AREAS OF STUDY:	DEGREE/CERTIFICATE/DIPLOMA:	
EMPLOYMENT INFORMATION					
POSITION APPLIED FOR:		DATE YOU CAN START WORK:		DESIRED SALARY: \$	
DO YOU PREFER: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			CAN YOU WORK: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings		
PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. WHEN NECESSARY, NOTE QUESTION NUMBER AND USE AN EXTRA PAPER TO PROVIDE EXPLANATIONS:					
1. ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
2. ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
3. WILL YOU WORK OVERTIME WHEN NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
4. HAVE YOU RECEIVED A DESCRIPTION OF THE JOB OR BEEN MADE AWARE OF THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO					
5. DO YOU UNDERSTAND THE JOB REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EMPLOYMENT HISTORY					
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					
PLEASE LIST BELOW YOUR LAST THREE EMPLOYERS BEGINNING WITH THE MOST RECENT:					
MOST RECENT EMPLOYER:		CITY:	STATE:	ZIP:	PHONE:
POSITION HELD:	DATES FROM/TO:	PAY RATE UPON LEAVING:		SUPERVISOR:	
DUTIES:		REASON FOR LEAVING:			
NEXT MOST RECENT EMPLOYER:		CITY:	STATE:	ZIP:	PHONE:
POSITION HELD:	DATES FROM/TO:	PAY RATE UPON LEAVING:		SUPERVISOR:	

\*\*\*NEW HOPE UNITED METHODIST CHURCH IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\*\*\*

DUTIES:		REASON FOR LEAVING:		
NEXT MOST RECENT EMPLOYER:	CITY:	STATE:	ZIP:	PHONE:
POSITION HELD:	DATES FROM/TO:	PAY RATE UPON LEAVING:	SUPERVISOR:	
DUTIES:		REASON FOR LEAVING:		

**REFERENCES**

NAME:	ADDRESS:	PHONE:	YEARS KNOWN:
NAME:	ADDRESS:	PHONE:	YEARS KNOWN:
NAME:	ADDRESS:	PHONE:	YEARS KNOWN:

**JOB-RELATED SKILLS**

PLEASE USE THIS SPACE TO LIST ANY SPECIAL SKILLS YOU MAY HAVE THAT RELATE TO THE POSITION APPLIED FOR INCLUDING ANY PROFESSIONAL LICENSES, DESIGNATIONS, OR CERTIFICATIONS:

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE POSITION YOU ARE APPLYING FOR REQUIRES DRIVING A MOTOR VEHICLE:

- DO YOU HAVE A VALID DRIVERS LICENSE?  YES  NO  
(IF YES: DRIVERS LICENSE NUMBER): \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_
- PLEASE LIST ALL STATES FROM WHICH YOU HOLD OR HAVE HELD A DRIVER'S LICENSE:

**APPLICANT'S CERTIFICATION AGREEMENT**

- I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND RELEASE FROM ALL LIABILITY ANY PERSONS OR EMPLOYERS SUPPLYING SUCH INFORMATION, AND I ALSO RELEASE THE COMPANY FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING THE INVESTIGATION.
- I CERTIFY THAT THE FACTS AND INFORMATION SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACTS ON THIS APPLICATION ( OR ON ANY REQUIRED DOCUMENTS) MAY RESULT IN DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.
- I AGREE, IF I AM OFFERED AND ACCEPT A POSITION, TO COMPLY WITH COMPANY RULES AND REGULATIONS AND I UNDERSTAND THAT THE COMPANY RESERVES THE RIGHT TO CHANGE WAGES, HOURS, AND WORKING CONDITIONS AS DEEMED NECESSARY. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.
- I UNDERSTAND THAT ANY EMPLOYMENT OFFER IS CONTINGENT UPON MY PROVIDING, WITHIN THREE (3) WORKING DAYS OF EMPLOYMENT, VALID PROOF OF IDENTITY AND ELGIBILITY TO WORK IN THE UNITED STATES IN ORDER TO COMPLY WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.
- I HAVE READ AND REVIEWED THE INFORMATION PROVIDED ON THIS APPLICATION AND THE ABOVE STATEMENTS. BY SIGNING THIS APPLICATION FOR EMPLOYMENT I CERTIFY THAT I UNDERSTAND ALL PARTS OF IT AND HAVE ANSWERED ALL QUESTIONS COMPLETELY AND FULLY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_.

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