UMCH Family Services
a ministry of the United Methodist Church

Employment Application

Applicant Information

Full Name: _____ Date: _____
       Last   *First*   *M.I.*

Address: _____
       Street Address   *Apartment/Unit #*

_____
       City   *State*   *ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary:$ _____

Position Applied for: _____

Do you have a Driver's License   YES ☐   NO ☐   If yes, please provide your license number and state of issue _____

Are you a presently employed?   YES ☐   NO ☐   May we contact your present employer?   YES ☐   NO ☐

Are you employed by any company and/or person that does business with this agency?   YES ☐   NO ☐   Do you own any interest in any company that does business with this agency, other than a company whose stock is publicly traded?.   YES ☐   NO ☐

Are you a citizen of the United States?   YES ☐   NO ☐   If no, are you authorized to work in the U.S.?   YES ☐   NO ☐

Have you ever been employed or applied for employment with this company?   YES ☐   NO ☐   If yes, when? _____

Have you ever been convicted of a felony?   YES ☐   NO ☐   Answering yes does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.

Professional Licenses and/or Certifications				
License/Certification	**Number**	**State**	**Date Issued**	**Date Expires**

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma:: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Graduate: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Starting Job Title: _____ Ending Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Starting Job Title: _____ Ending Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Starting Job Title _____ Ending Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?
YES ☐   NO ☐

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Applicant Declaration and Authorization for Release of Information

I declare that the above information and statements are complete and accurate and that I have not knowingly withheld any fact that would, if disclosed, affect my application unfavorably. I understand that if the UMCH Family Services discovers inaccuracies or omissions in the information and statements, I may be denied employment, or if already employed, I may be subject to immediate termination.

By signing this application, I do hereby give the UMCH Family Services permission to proceed with contacting past employers or other persons who may have information concerning me, requesting them to furnish this agency a full transcript or their record of my service with them or any information they may have concerning me particularly as to my character, ability and the cause of my leaving their employ. As this information is furnished at my express request and for my benefit, I hereby release any such person, company or corporation from any and all liability on account of furnishing such information. I also agree that if I am employed by UMCH Family Services a full transcript of my record, particularly as to my character, ability and the cause of my leaving such employment may be given to any person with whom I may thereafter seek employment and I release this agency from any liability on account of furnishing such information.

If I accept employment with UMCH, I will be an "at-will" employee, meaning that the terms and conditions of my employment are subject to change and that my employment can be terminated either by UMCH or me, with or without cause, and with or with-out notice.

By signing this application, I acknowledge that I understand that no offer of employment is official until I have received an offer letter.

Signature: _____ Date: _____