



**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: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Do you have a Driver's License YES NO

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 Veteran? YES NO Are you authorized to work in the U.S.? YES NO

Have you ever been employed or applied for employment with UMCH Family Services? 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: \_\_\_\_\_

Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

Did you graduate? YES  NO  Degree: \_\_\_\_\_

Graduate: \_\_\_\_\_ Address: \_\_\_\_\_

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: \_\_\_\_\_

**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 without 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: \_\_\_\_\_