



Application For Employment

First Church is an equal opportunity employer.

Application must be completed even if supplemented by a resume.

NOTICE TO APPLICANTS: First Church will conduct a thorough background investigation including, but not limited to, an examination of any criminal convictions. Any convictions involving dishonesty, breach of trust, or convictions that are job-related will be considered to the extent permitted by law, and may disqualify you from employment.

TODAY'S DATE:			
LAST NAME (AS IT APPEARS ON SOCIAL SECURITY CARD - PLEASE PRINT)		FIRST NAME	MIDDLE INITIAL
ANY OTHER NAME(S) OR ALIAS USED			
HOME ADDRESS		HOME PHONE	
CITY	STATE	ZIP CODE	WORK PHONE
SOCIAL SECURITY NUMBER		EMAIL ADDRESS	
TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		DAYS/HOURS AVAILABLE	
SPECIFY POSITION DESIRED			SALARY DESIRED
COMPUTER SKILLS (PLEASE LIST HARDWARE, SOFTWARE, AND LANGUAGE EXPERIENCE)			
SUMMARIZE SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.			
HAVE YOU PREVIOUSLY WORKED FOR FIRST CHURCH? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, POSITION:			
DO YOU HAVE RELATIVES EMPLOYED BY FIRST CHURCH? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, NAME, RELATIONSHIP AND POSITION:			
If you are hired, will you be able to provide documentation to verify that you are authorized to work for all employers in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT HISTORY (PLEASE ATTACH RESUME)

Please account for all periods of time regardless how spent during the last ten (10) years. Identify previous employers in Section 1 SEQUENTIALLY starting with your most recent employer. If additional space is needed, please use Section 2 or attach an additional list. Use Section 2 to account for periods of time during which you were not employed.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

S E C T I O N 1	FROM: MO/YR	TO: MO/YR	NAME OF COMPANY		
	ADDRESS OF COMPANY		CITY	STATE	ZIP CODE
	IMMEDIATE SUPERVISOR / TITLE			TELEPHONE NO ()	
	YOUR POSITION OR TITLE		BASE SALARY/RATE START	ENDING	
	DUTIES				
	REASON FOR LEAVING				
S E C T I O N 1	FROM: MO/YR	TO: MO/YR	NAME OF COMPANY		
	ADDRESS OF COMPANY		CITY	STATE	ZIP CODE
	IMMEDIATE SUPERVISOR / TITLE			TELEPHONE NO ()	
	YOUR POSITION OR TITLE		BASE SALARY/RATE START	ENDING	
	DUTIES				
	REASON FOR LEAVING				
S E C T I O N 1	FROM: MO/YR	TO: MO/YR	NAME OF COMPANY		
	ADDRESS OF COMPANY		CITY	STATE	ZIP CODE
	IMMEDIATE SUPERVISOR / TITLE			TELEPHONE NO ()	
	YOUR POSITION OR TITLE		BASE SALARY/RATE START	ENDING	
	DUTIES				
	REASON FOR LEAVING				

Condense other previous employment or periods you were not employed and the reason(s).

S E C T I O N 2	FROM-TO (MO/YR)	NAME OF COMPANY OR EXPLANATION OF HOW TIME WAS SPENT

REFERENCES

Please list three persons best qualified to comment on your work-related experience and /or educational background. Please include direct supervisors or managers. Do not include relatives.

NAME	1.	2.	3.
TITLE			
COMPANY			
ADDRESS			
BUSINESS PHONE	()	()	()

EDUCATION/TRAINING

List below your educational background and/or training, including high school, all colleges, trade and military service schools:

Indicate last level of education completed:	HIGH SCHOOL <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	TRADE SCHOOL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	COLLEGE/UNIVERSITY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	POST GRADUATE EDUCATION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
NAME OF SCHOOL	LOCATION (City & State)	MAJOR/AREA OF STUDY	NAME OF DIPLOMA/DEGREE/ CERTIFICATE RECEIVED	
High School				
College/University				
College/University				
MilitaryService School				

If your work or school records are listed under other names, please specify.

PREVIOUS ADDRESSES AND EMERGENCY CONTACT

PREVIOUS ADDRESS IN U.S. DURING LAST TEN YEARS (Street Address, City, State & Zip Code)	FROM	TO

PERSON TO NOTIFY IN CASE OF EMERGENCY	ADDRESS (State, City & Zip Code)	EMERGENCY TELEPHONE NO. ()
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PERSONAL

If hired can you provide verification you are over eighteen years old or provide proper documentation of eligibility to work as a minor if applicable?

YES NO

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation(s)? YES NO

Have you ever been discharged or asked to resign from a position? YES NO If yes, please explain reason.

Have you been convicted of a felony (excluding the following: convictions which have been expunged, sealed, discharged, rendered confidential, sequestered, impounded or reversed on appeal)? YES NO If yes, please provide details including the date of conviction and the charge.

ACKNOWLEDGEMENT

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

Date _____ Applicant's Signature _____

INTEROFFICE ONLY

Date Interviewed _____	Interviewer's Signature _____	Date Hired _____
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AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

First United Methodist Church of Saraosta, Inc. ("First Church") routinely obtains consumer reports and/or credit information on applicants for employment, employees applying for promotions, and at any time during employment. The information contained in these reports may be used to deny an individual employment with First Church, deny an employee a promotion to a particular position, or to terminate employment.

I, the undersigned consumer, do hereby authorize First Church, by and through an independent contractor, _____ (the "Agency") to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and/or any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the Agency that is made within a reasonable time after the date hereof. I also understand that I may request a written summary of my rights under 15 U.S.C. § 1681 et seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to First Church, by and through the Agency, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release First Church, the Agency, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Printed name: _____ Date: _____
First Middle Last

Signed name: _____ Date: _____

Current Address:

_____ Street/P.O. Box City State Zip Code Country Dates

Former Address:

_____ Street/P.O. Box City State Zip Code Country Dates

Former Address:

_____ Street/P.O. Box City State Zip Code Country Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth:* _____ Gender:* _____

* Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.