



**APPLICATION FOR EMPLOYMENT AT
St. Francis United Methodist Church** (here after known as SFUMC)

Name _____

Date _____

Position(s) Desired: (do not list "any")

1. _____

2. _____

3. _____

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APPLICATION FOR EMPLOYMENT

DATE: _____ **POSITION APPLIED FOR:** _____

Referred by: _____ **Date Available for work:** _____

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record at SFUMC. Keep this in mind as you complete it. Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. SFUMC, does not discriminate on the basis of race, color gender, national origin, pregnancy, marital status, citizenship, age, marital status, disability or any other legally protected class. You may request assistance in completing this application.

.....

PERSONAL

Name _____ Telephone Number: (____) _____
First, M.I., Last

Street _____ City _____ ST _____ Zip _____

Cell Phone _____ E-Mail Address _____

If younger than 18, state your age here _____

Are you legally entitled to work in the United States? ** yes no

***Compliance with I-9 requirements is mandatory, upon employment*



EDUCATION

High School (Name and Address)

Did you graduate? _____ If no, last grade completed _____ G.E.D. Obtained? _____ Grade Average _____

Colleges (Name and Address) _____

Colleges (Name and Address) _____

Did you graduate? _____

If no, number of hours completed _____ Grade Point Average _____ Degree _____

Major _____ Minor _____ If attending, date of graduation _____

Other Education _____

Awards, Honors, Leadership Roles:

.....

MILITARY not applicable

List service in U.S. Military: From _____ to _____

Branch _____

Rank at Discharge _____ Military experience that may be applicable: _____

.....

GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (*Examples: cash register, small tools, forklift, calculator, computers, etc.*):

2. Salary Expected _____ or _____ per hour or _____ per week

Number of hours you are available per week? _____ No preference



3. Type of Employment sought: regular full time regular part time temporary seasonal as needed

4. Indicate hours you are available to work on the following days (or check *Anytime*, if you have no restrictions) Our typical office hours are 8am-5pm.

Monday	Tuesday	Wednesday	Thursday	Friday
to	to	to	to	to

5. Are you able and willing to perform the essential functions of the job for which you are applying?

yes no don't know

•If no, indicate reason: need different hours need different days need more training, Other, (explain accommodation needed:)

.....

EXPERIENCE: List below all present and past employment, beginning with your most recent employer

1. Employer _____ Starting Salary _____ per hour or week

Address _____ Last Salary _____ per hour or week

Kind of Business _____

Supervisor _____

Job Title _____ Reason for Leaving: Quit Discharge Retired

Dates Employed _____ to _____ Laid Off Why? _____

For Job Reference, call _____ at _____

Please do not contact this employer. Why not? _____

2. Employer _____ Starting Salary _____ per hour or week

Address _____ Last Salary _____ per hour or week

Kind of Business _____

Supervisor _____

Job Title _____ Reason for Leaving: Quit Discharge Retired

Dates Employed _____ to _____ Laid Off Why? _____

For Job Reference, call _____ at _____

Please do not contact this employer. Why not? _____



3. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____
Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Laid Off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

4. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____
Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Laid Off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

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In the following space, please describe briefly why you are applying for this position:

In the following space, please describe your strengths and talents and how our company will benefit from your work here.



CONDITIONS OF EMPLOYMENT

I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.

II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.

III. I understand that I may be required to work overtime as a condition of being employed.

IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at will, and that this application is not a contract of employment at SFUMC, and that my employment and compensation can be terminated, with or without cause, at any time, at the option of either SFUMC, or me. I understand that no representative of SFUMC, has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of SFUMC, may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and an officer of SFUMC.

V. Upon separation of employment, I authorize SFUMC, to withhold from my final pay check any monies owed to them by me (if not prohibited by law) for equipment, loans, products, services, materials or other assets in my possession not promptly returned.

VI. As a condition of employment, I accept that any complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution, unless prohibited by law.

DATE _____

SIGNATURE

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