**Employment Application**

(Double Click on each field to add text)

**NAME:** LAST NAME FIRST NAME MIDDLE NAME

**Are you over the age of eighteen (18)?**  YES  NO

**Present Address:** House/Apt. # and Street

City State Zip Code

**Home Phone #:**

**Position Applied For:**

**Date you are Available to Start:**

**Qualifications:**

**Academic Achievements:**

|  |  |  |
| --- | --- | --- |
| **Schools Attended** | **Degree Earned** | **Dates of Completion** |
|  |  |  |
|  |  |  |
|  |  |  |

**Continuing Education Completed:**

|  |  |
| --- | --- |
| **Courses Taken** | **Dates of Completion** |
|  |  |
|  |  |
|  |  |

**Professional Organizations:** (List any in which you have membership)

**First Aid Training:**  **Yes**  **No** **Date Completed:**

**CPR Training:**  **Yes**  **No**  **Date Completed:**

**Previous Work Experience:**

**(Begin with your current or most recent employer, Double Click to fill in field)**



**Job Title:**       **Description:**

**Duties & Responsibilities:**

**Employer Name:**

**Employer Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Hired:**       **Date Separated:**

**Reason for Leaving:**



**Job Title:**       **Description:**

**Duties & Responsibilities:**

**Employer Name:**

**Employer Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Hired:**       **Date Separated:**

**Reason for Leaving:**



**Job Title:**       **Description:**

**Duties & Responsibilities:**

**Employer Name:**

**Employer Address:** Street & Number

City State Zip Code

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**Job Title:**       **Description:**

**Duties & Responsibilities:**

**Employer Name:**

**Employer Address:** Street & Number

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**Job Title:**       **Description:**

**Duties & Responsibilities:**

**Employer Name:**

**Employer Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Hired:**       **Date Separated:**

**Reason for Leaving:**



**Volunteer Experience: (Please list any Volunteer Positions You Have Held)**



**Position:**       **Description:**

**Duties & Responsibilities:**

**Volunteer Organization:**

**Organization Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Volunteered:**       **Date Separated:**

**Reason for Leaving:**



**Position:**       **Description:**

**Duties & Responsibilities:**

**Volunteer Organization:**

**Organization Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Volunteered:**       **Date Separated:**

**Reason for Leaving:**



**Position:**       **Description:**

**Duties & Responsibilities:**

**Volunteer Organization:**

**Organization Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Volunteered:**       **Date Separated:**

**Reason for Leaving:**



**Position:**       **Description:**

**Duties & Responsibilities:**

**Volunteer Organization:**

**Organization Address:** Street & Number

City State Zip Code

**Immediate Supervisor:** First & Last Name Phone Number

**Date Volunteered:**       **Date Separated:**

**Reason for Leaving:**



**Have you EVER been convicted of or pled guilty to any crime, either misdemeanor or felony ?  Yes  No**

**If yes, please explain:**

**References: Please list at least three people who are not related to you by blood or marriage, that have known you for at least three years.**



**Reference 1:** **Name**:

**Address:** Street #

City State Zip Code

**Day Phone:**

**Evening Phone**:

**How long have you known this reference?**

**What is your relationship to this reference?**



**Reference 2:** **Name**:

**Address:** Street #

City State Zip Code

**Day Phone:**

**Evening Phone**:

**How long have you known this reference?**

**What is your relationship to this reference?**



**Reference 3:** **Name**:

**Address:** Street #

City State Zip Code

**Day Phone:**

**Evening Phone**:

**How long have you known this reference?**

**What is your relationship to this reference?**



I, Type your name here, hereby certify that the information I have provided on this application for employment is true and correct. I authorize Divine Street United Methodist Church and it’s agents to verify the information I have provided on this application for employment by contacting the references and employers I have listed, by conducting a criminal records check, or by other means including contacting persons I have not listed. I authorize the references and employers I have listed in this application for employment to give Divine Street United Methodist Church and/or its agents any information they may have regarding my character and my fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that I become employed by Divine Street United Methodist Church, I agree to be bound by the policies of Divine Street United Methodist Church and refrain from inappropriate conduct in the performance of my duties on behalf of Divine Street United Methodist Church.

I have read this waiver and am fully aware of its contents. I sign and give my consent of my own free will and without coercion or threat of reprisal

**Signature of Applicant Date:**

**Witness Date:**