

EMPLOYMENT APPLICATION

Today's Date: \_\_\_\_\_

*Personal Information:*

Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position applied for: \_\_\_\_\_  
Why are you applying for the position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When are you available to start work? \_\_\_\_\_

*Educational Background:*

Name of School/s (list below)	Degree Earned (list below)
_____	_____
_____	_____
_____	_____

*Other Education or Training (please describe below):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Dates of Military Service (if applicable):* \_\_\_\_\_

Military Duties Performed or Military Work Experience (describe below):

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*Work Experience:*

Name of Employer (1) \_\_\_\_\_  
Address of Employer \_\_\_\_\_

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Job Title \_\_\_\_\_ Employment Dates \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

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List the duties performed and/or the skills used or learned \_\_\_\_\_

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Name of Employer (2) \_\_\_\_\_  
Address of Employer \_\_\_\_\_

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Job Title \_\_\_\_\_ Employment Dates \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

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List the duties performed and/or the skills used or learned \_\_\_\_\_

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Name of Employer (3) \_\_\_\_\_  
Address of Employer \_\_\_\_\_

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Job Title \_\_\_\_\_ Employment Dates \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
List the duties performed and/or the skills used or learned \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer (4) \_\_\_\_\_

Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title \_\_\_\_\_ Employment Dates \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the duties performed and/or the skills used or learned \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Are you legally qualified to work in the United States? \_\_\_\_\_

- (Proof must be provided if selected for hire.)

*Other Information:*

Have you ever been convicted of or plead guilty or no contest to a felony? \_\_\_\_\_

If yes, explain the number of conviction/s, nature of offense/s leading to conviction/s, how recently such offense/s was/were committed, sentence/s imposed, and type/s of rehabilitation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you complete this application yourself? \_\_\_\_\_

If no, who did complete this application for you? \_\_\_\_\_

*References:*

- Please list below three persons not related to you who have knowledge of your work performance and/or your personal character within the last 5 years.

Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
How do you know this person? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
How do you know this person? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
How do you know this person? \_\_\_\_\_  
\_\_\_\_\_

**Employment Application Waiver - Please Read Carefully**

In exchange for the consideration of my job application by Saint John's - Newberry United Methodist Church (hereinafter called "the Church"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship in this position or any other position (and regardless of the contents of the Personnel Policies and Procedures Handbook), shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Church, or otherwise to change in any respect the employment At-Will relationship between the Church and the undersigned. Both the undersigned and the Church may end the relationship at any time, without specified notice or reason. If employed, I understand that the Church may unilaterally change or revise their benefits, policies, and procedures.

I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time, without any previous notice. I hereby give the Church permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Church from any liability as a result of such contact.

I also understand that (1) the Church has a drug and alcohol policy that provides for pre-employment testing as well as possible testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment may be based upon the successful passing of testing under such policy.

I also understand that the Church requires a number of background checks before an employee is hired. (See Personnel Policies and Procedures Handbook for more details.) I hereby give permission for my employer to have access to whatever inquiries are needed for my employment.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_