



APPLICATION FOR EMPLOYMENT

Position Applying For: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

E-Mail Address: _____

We appreciate your interest in employment with Christ United Methodist Church and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and experience will aid us in evaluating this application.

Are you legally eligible for employment in the U.S.? _____

Upon employment, individuals must present documents as evidence of identity and employment eligibility. A list of accepted id can be found at:

<https://www.uscis.gov/sites/default/files/document/forms/i-9-paper-version.pdf>

The earliest date you would be available to begin work is _____

Would you accept part-time employment? _____

Have you ever been convicted of a felony? Yes _____ No _____

Comment: _____

Are you related to a current employee of Christ United Methodist Church?

Yes _____ No _____ Relationship _____

Why are you applying for this position?

Qualifications you feel will help you in this position:

Name of Supervisor _____

Position _____

Description of Duties _____

Dates of employment: From _____ to _____ Last/Present Salary _____

Reason for leaving: _____

Name of Employer _____ Phone: _____

Mailing Address _____

Name of Supervisor _____

Position _____

Description of Duties _____

Dates of employment: From _____ to _____ Last/Present Salary _____

Reason for leaving: _____

Name of Employer _____ Phone: _____

Mailing Address _____

Name of Supervisor _____

Position _____

Description of Duties _____

Dates of employment: From _____ to _____ Last/Present Salary _____

Reason for leaving: _____

Name of Employer _____ Phone: _____

Mailing Address _____

Name of Supervisor _____

Position _____

Description of Duties _____

Dates of employment: From _____ to _____ Last/Present Salary _____

Reason for leaving: _____

May we contact the employers listed above? _____ If not, indicate which ones you do not wish us to contact.

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements will invalidate this application and may result in immediate termination of employment or suspension without pay. I hereby release Christ United Methodist Church from all liability whatsoever that may arise from securing this information.

Signature of Applicant

Date

REFERENCES

Please list three (3) professional references with address and phone number including area code.

1. _____

2. _____

3. _____