



MEMORIAL UNITED METHODIST CHURCH of THOMASVILLE, INC.

101 RANDOLPH STREET
(336) 472-7718 (OFFICE)

THOMASVILLE, NC 27360
(336) 472-8742 (FAX)

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ E-MAIL: _____

DATE OF BIRTH: _____

POSITION APPLIED FOR: _____ DATE AVAILABLE TO START: _____

QUALIFICATIONS

ACADEMIC ACHIEVEMENTS:

(Schools attended, degrees earned, dates of completion)

CONTINUING EDUCATION:

(Courses taken, dates of completion)

PROFESSIONAL ORGANIZATIONS:

(List any in which you have membership.)

FIRST AID TRAINING: (circle one)

YES

NO

CPR TRAINING:(circle one)

YES

NO

EXPERIENCE

PREVIOUS WORK EXPERIENCE:

(Please list your previous employers from the past 5 years. Include job title, a description of duties and responsibilities, the name of the company/employer, the address of the company/employer, the name of your immediate supervisor, and the dates you were employed in each position.)

PREVIOUS VOLUNTEER EXPERIENCE:

(Please list any relevant volunteer positions you have held and list the duties you performed in each position, name of your supervisor, the address and phone number of the volunteer organization and the dates of your volunteer service.)

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A CRIME, EITHER A MISDEMEANOR OR A FELONY (including, but not limited to, drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)?

(circle one)

YES

NO

IF YES, PLEASE EXPLAIN:

REFERENCES

Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

LENGTH OF TIME YOU HAVE KNOWN REFERENCE: _____

RELATIONSHIP TO REFERENCE: _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

LENGTH OF TIME YOU HAVE KNOWN REFERENCE: _____

RELATIONSHIP TO REFERENCE: _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

LENGTH OF TIME YOU HAVE KNOWN REFERENCE: _____

RELATIONSHIP TO REFERENCE: _____

WAIVER & CONSENT:

I, _____, HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION FOR EMPLOYMENT IS TRUE AND CORRECT. I AUTHORIZE MEMORIAL UNITED METHODIST CHURCH TO VERIFY THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION BY CONTACTING THE REFERENCES AND EMPLOYERS I HAVE LISTED, BY CONDUCTING A CRIMINAL RECORDS CHECK, OR BY OTHER MEANS INCLUDING CONTACTING OTHERS WHOM I HAVE NOT LISTED. I AUTHORIZE THE REFERENCES AND EMPLOYERS LISTED IN THIS APPLICATION TO GIVE YOU WHATEVER INFORMATION THEY MAY HAVE REGARDING MY CHARACTER AND FITNESS FOR THE JOB FOR WHICH I HAVE APPLIED. FURTHERMORE, I WAIVE ANY RIGHTS I MAY HAVE TO CONFIDENTIALITY.

IN THE EVENT THAT MY APPLICATION IS ACCEPTED AND I BECOME EMPLOYED BY MEMORIAL UNITED METHODIST CHURCH, I AGREE TO ABIDE BY AND BE BOUND BY THE POLICIES OF MEMORIAL UNITED METHODIST CHURCH AND TO REFRAIN FROM INAPPROPRIATE CONDUCT IN THE PERFORMANCE OF MY DUTIES ON BEHALF OF MEMORIAL UNITED METHODIST CHURCH.

SIGNATURE

I HAVE READ THIS WAIVER AND THE ENTIRE APPLICATION, AND I AM FULLY AWARE OF ITS CONTENTS. I SIGN THIS CONSENT FREELY AND UNDER NO DURESS OR COERCION.

SIGNATURE OF APPLICANT

DATE

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____ hereby authorize Memorial United Methodist Church to request Castle Branch to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including, but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal laws. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

SIGNATURE OF APPLICANT **DATE**

PERSONAL INFORMATION

FULL NAME: _____

ANY ALIASES: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: **(OPTIONAL)** _____

DRIVER'S LICENSE NUMBER: _____

STATE ISSUING LICENSE: _____

LICENSE EXPIRATION DATE: _____
