

First United Methodist Church of Saline
Date of Application _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

APPLICATION FOR EMPLOYMENT

(please print)

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

() (home) () (cell)

Email address _____ Social Security Number ____ / ____ / ____

Driver's License Number _____ State _____

Position(s) Applied for _____

If employed and under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status required upon employment.)

On what date are you available for work? _____

Are you available to work Full Time Part Time Temporary

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If Yes, please explain: _____

Indicate what foreign languages you speak, read, and/or write:

	Fluently	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Education

	Elementary School					High School				College/University				Graduate/Professional			
School Name																	
Circle Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Courses of Study																	
Describe Specialized Training, Certifications, Apprenticeship, Skills, and Extra-Curricular Activities																	
Honors Received																	

List below all present and past employment, beginning with your most recent.

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning any information you deem relevant.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). _____

State any additional information you feel may be helpful to us in considering your application.

In case of emergency, contact: _____

Address _____ Phone _____

Agreement

"I agree and understand that any employment offer may be conditional upon the results of a pre-employment medical examination."

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the FUMC in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the FUMC will preclude any claim that the employer failed to accommodate the handicapper. This does not waive your rights under the Americans with Disabilities Act of 1990, as amended.

I hereby certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason, without notice, by the employee or the employer.

Date _____ Signature _____

WAIVER OF NOTICE

The undersigned, in connection with his/her written and signed employment application made with the First United Methodist Church of Saline, on this date hereby waives any rights which he/she may presently have or may have in the future to receive written notice of release of disciplinary information from all prior employers listed in said application as provided by Section 6, Act. No. 397, P.A. 1978.

Date _____ Signature _____

June 2004

For Personnel Department Use only				
Arrange Interview?	Yes	No	Interviewer _____	Date _____
Remarks	_____			

