## 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	4		First				Middle		
	τ		FIIST				Middle		
Address	mber Street		City				State	Zip Code	
( )		(home)		(	)				(cell)
Email address					_ Social	Security	Number	/ /	
Driver's License Numbe	er					State _			
Position(s) Applied for									
If employed and under	18, can you f	urnish a w	ork per	mit?	Yes	No			
Have you filed an appli	cation here be	efore?	Yes	No		If yes,	give date		
Have you ever been en	nployed here	before?	Yes	No	•	If yes,	give date		
Are you employed now	? Yes I	No	May v	ve cor	ntact you	ur preser	nt employer?	Yes	No
Are you prevented from employed in this countr (Proof of citizenship or immi	y because of	Visa or In			atus?	Yes	No		
On what date are you a	vailable for w	vork?							
Are you available to wo	ork Full Ti	ime P	art Time	e 7	Tempora	ary			
Are you on lay-off and	subject to rec	all? Ye	s No	)					
Can you travel if a job r	equires it?	Yes 1	No						
Have you been convicte If Yes, please explain:	_			-	? Ye	s No			

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

	E	leme	ntary	Scho	ol		High	Schoo	ol	(	College	/Univer	sity	Gr	aduate	/Profes	sional
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		1	ı		ı												
nonois Received																	

List below all present and past employment, beginning with your most recent. Weekly Last Salary Name and Address of Company From Weekly Reason for Name of Starting and Type of Business Leaving Supervisor Salary Mo. Yr. Mo. Yr. Describe the work you did: Telephone Name and Address of Company From To Weekly Weekly Reason for Name of and Type of Business Starting Last Salary Supervisor Leaving Salary Mo. Yr. Mo. Yr. Describe the work you did: Telephone Weekly Name and Address of Company То Weekly Reason for Name of From Starting and Type of Business Last Salary Supervisor Leaving Salary Mo. Yr. Mo. Yr. Describe the work you did: Telephone Name and Address of Company From То Weekly Weekly Reason for Name of

and Type of Business					Starting Salary	Last Salary	Leaving	Supervisor
	Mo.	Yr.	Mo.	Yr.	Calary			
	Dogorik	o the we	rle vou die	۸.				
	Descri	be the wo	ork you did	a:				
Telephone	-							
	1							
hereby give permission to co	ntact th	ne emp	oloyers	listed a	above conc	erning any i	nformation you	deem relevant
				Signe	ed			
f there is a particular employe	er(s) vo	u do n	ot wish	us to o	contact, ple	ase indicate	which one(s).	
· more to a particular comprey	). (e) je				, p. c			

In case of emergency, contact:  Address	State any additional info	rmation you fee	el may be helpful to us	in considering your application.
Address				
Address	. ,			
Agreement "I agree and understand that any employment offer may be conditional upon the results of a pre-employment medic examination."  Michigan law requires employers to make accommodations to handicapped applicants and employees where th accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants me request an accommodation of their handicap by notifying the FUMC in writing of the need for accommodation within 18 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 righ 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 an 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 informatic concerning my previous employment and any pertinent information they may have, personal or otherwise, and release parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hire 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		·		
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WAIVER OF NOTICE  The undersigned, in connection with his/her written and signed employment application made with the First Unite 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 approvided by Section 6, Act. No. 397, P.A. 1978.  Date Signature  For Personnel Department Use only  Arrange Interview? Yes No Interviewer Date	concerning my previous er parties from all liability for a my employment is for no	mployment and a any damage that definite period	any pertinent information t may result from furnishing and may, regardless of	they may have, personal or otherwise, and release along same to you. I understand and agree that, if hired if the date of payment of my wages and salary, be
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		For	r Personnel Departm	ent Use only
				Date