

ST. ANDREW UNITED METHODIST CHURCH

3350 White Bay Drive

Highlands Ranch CO 80126

Ph: 303 794-2683

Fax: 303 794-2852

Date

NAME _____ (_____) _____

ADDRESS: Street _____ First _____ Middle _____ Last _____ Phone _____
City _____ State _____ Zip _____

Length of time at above address _____. If less than one year, please provide previous address:

Street _____ City _____ State _____ Zip _____

GENERAL INFORMATION

Position applied for: _____ Starting Salary Expected: _____

Type of Position: Full Time Part Time Temporary

Have you ever been employed at a United Methodist Church before? Yes No

If yes, position(s) held and dates: _____

St. Andrew is in full compliance with the Immigration Act of 1986. If hired, can you provide evidence of your eligibility for employment in the United States, *i.e.*, birth certificate? Yes No Are you over the age of 18? Yes No

How were you referred to this position? _____

EDUCATIONAL BACKGROUND

Name of High School _____ City _____ State _____

Circle Last Grade Completed 9 10 11 12

Name of College _____ City _____ State _____

Major _____ Minor _____ Degree _____ OR Years Completed 1 2 3 4 5

EMPLOYMENT HISTORY

List names of employers in chronological order with present or last employer first. Account for all periods of time including military service and period of unemployment. Please give month and year. These people may be contracted by St. Andrew.

Name and Address Employer: _____

Dates Employed: From _____ To _____ Job Title: _____

Supervisor's Name: _____ Phone Number: (_____) _____

Brief description of duties: _____

Reason for leaving: _____

Name and Address Employer: _____

Dates Employed: From _____ To _____ Job Title: _____

Supervisor's Name: _____ Phone Number: (_____) _____

Brief description of duties: _____

Reason for leaving: _____

REFERENCES: (Business and personal, other than those listed above) These people may be contracted by St. Andrew.

Name: _____ Ph: _____ Relationship _____

Street _____ City _____ State _____ Zip _____

Name: _____ Ph: _____ Relationship _____

Street _____ City _____ State _____ Zip _____

Have you ever been exposed to an incident of child abuse or neglect? Yes No If yes, explain. _____

Have you ever been convicted of a felony criminal offense? Yes No If yes, please state the nature of the offense, where the offense occurred, date and sentence imposed: _____

Have you ever been discharged or forced to resign from a position? Yes No If yes, explain _____

Please describe your experience, not included in the above, working with infants or children _____

Do you have transportation available? Yes No

Do you have any physical or mental limitations which would prevent you from performing any of the essential functions of the specific position you are applying for or which would require any accommodation? Yes _____ No _____

If yes, describe the physical or mental limitation(s) and any accommodation applicable:

_____.”

CERTIFICATION

I agree that St. Andrew United Methodist Church shall not be liable in any respect if they refuse to hire me for this position. In order to determine if I have characteristics, which qualify me to work effectively at St. Andrew United Methodist Church, I hereby authorize St. Andrew to contact any references or other private or public sources to obtain personal background information about me.

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application may result in rejection of this application. I also understand and agree that any such false, incomplete or misleading information discovered on this application at any time after I am employed may result in my immediate dismissal.

I understand that if I am hired, I will be a trial employee for ninety (90) days. I further understand that I am an employee at will and that my employment and compensation can be terminated, with or without cause or notice, at any time. I have read and agree to the foregoing. I understand that, if employed, I will be required to provide proof of my eligibility for employment in the United States as required by the Immigration Control Act of 1986.

Date

Signature of Applicant