

Windcrest United Methodist Church

Job Application Form

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name w/Middle Initial _____ Last Name _____

Social Security Number _____

Street Address _____ City, State, Zip Code _____

Phone Number (_____) _____ Cell Phone/Other _____

E-Mail Address _____

Are you eligible to work in the United States? Yes _____ No _____

If you are under age 18, do you have an employment/age certificate(s)? Yes ___ No ___

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For _____

What date are you available to start work?

Days/Hours Available

- ____ Monday
- ____ Tuesday
- ____ Wednesday
- ____ Thursday
- ____ Friday
- ____ Saturday
- ____ Sunday

- Hours Available: from _____ to _____
- Hours Available: from _____ to _____
- Hours Available: from _____ to _____
- Hours Available: from _____ to _____
- Hours Available: from _____ to _____
- Hours Available: from _____ to _____
- Hours Available: from _____ to _____

EDUCATION:

Name of School	Address	Degree/Diploma	Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards: _____

EMPLOYMENT HISTORY:

Present Or Last Position: Employer: _____

Address: _____ Supervisor Name: _____

Phone: _____ Email: _____

Your Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary/Hourly Rate: _____ Reason for Leaving: _____

Previous Position: Employer: _____

Address: _____ Supervisor Name: _____

Phone: _____ Email: _____

Your Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary/Hourly Rate: _____ Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

REFERENCES:

Name	Title/Relation	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____ Date _____