

EMPLOYMENT APPLICATION

STAFF/PARISH RELATIONS COMMITTEE

First United Methodist Church 1610 Prince Street Conway AR 72034 501-329-3801

Position Desired _____

Date available for employment _____

Will you accept substitute or temporary work? YES ___ NO ___

Will you accept: Full time _____ Part time _____ (Minimum hours per week _____)

Explain any exceptions: _____

Last Name	First	Middle	SSN
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Address	City	State	Zip	Phone
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Explain any circumstance which may limit your ability to perform duties of the position:

(Please attach a written explanation of any necessary accommodations)

Driver's License Number	Issuing State	Expiration Date
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Have you ever been convicted of a felony? _____ Yes _____ No

EDUCATIONAL QUALIFICATIONS

Circle highest grade completed: 6 7 8 9 10 11 12 HS Graduate _____ GED _____

College attended _____ Location _____

Years attended: From ___ to ___ Major _____ Minor _____

Diploma or degree _____

SPECIAL TRAINING:

SPECIAL SKILLS Typing ___ Dictation ___ Bilingual ___ Language _____

wpm ___ wpm ___ Speak ___ Read ___ Write _____

EMPLOYMENT EXPERIENCE: Give an accurate, complete outline of your employment experience, starting with the present or most recent place of employment and including the last ten year period. If additional space is needed, please use another sheet.

- a. From ____ To ____ Employer _____
Address _____ Phone _____
Position _____ Hrs/week _____ Salary _____
Reason for leaving _____
Duties (describe work area responsibilities) _____

- b. From ____ To ____ Employer _____
Address _____ Phone _____
Position _____ Hrs/week _____ Salary _____
Reason for leaving _____
Duties (describe work area responsibilities) _____

- c. From ____ To ____ Employer _____
Address _____ Phone _____
Position _____ Hrs/week _____ Salary _____
Reason for leaving _____
Duties (describe work area responsibilities) _____

- d. From ____ To ____ Employer _____
Address _____ Phone _____
Position _____ Hrs/week _____ Salary _____
Reason for leaving _____
Duties (describe work area responsibilities) _____

PERSONAL REFERENCES:

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

____ I hereby authorize First United Methodist Church to obtain verification of all answers and statements contained herein. This includes contacting all current and prior employers regarding employment history and work performance. I authorize my previous employers to release this information.

____ I authorize the above, except I request that you do not contact my current employers.

I understand that any false or misleading information given on this application may be cause for rejection of the application and/or removal from employment in accordance with rules and regulation. The information given is true and complete to the best of my knowledge.

Signature

Date