

**APPENDIX 1**  
**WESTMINSTER UNITED METHODIST CHURCH JOB APPLICATION**

**JOB TITLE APPLYING FOR** \_\_\_\_\_

**Application Date:** \_\_\_\_\_

**Date available for work:** \_\_\_\_\_

**PERSONAL**

**Full Name:**                      **Last**                      **First**                      **Middle**  
\_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Other Phone:** \_\_\_\_\_

1) Are you a U.S. citizen, permanent resident, asylee, or temporary resident under the legalization program of the U.S. Immigration Reform and Control Act of 1986?                      Yes      \_\_\_\_\_                      No      \_\_\_\_\_

2) If "No," do you have the legal right to work in the U.S.?                      Yes      \_\_\_\_\_                      No      \_\_\_\_\_

If the answer to question #2 is "yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**                      (high school, college, etc.)                      ***Start with school last attended.***

<u>school name</u>	<u>school location</u>	<u>diploma/ degree earned</u>	<u>date completed</u>	<u>course of study/ major</u>	<u>GPA scale max</u> A= _____
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- 1)
- 2)
- 3)

Describe any specialized training, courses, correspondence study, etc. directly related to the position you are applying for:

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Describe any computer skills, software, hardware knowledge, etc.:

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Are you first aid certified?      Yes      \_\_\_\_\_      No      \_\_\_\_\_      Date      \_\_\_\_\_

Are you CPR certified?      Yes      \_\_\_\_\_      No      \_\_\_\_\_      Date      \_\_\_\_\_

Describe any honors you have received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any professional organizations you are a member of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL**

Westminster United Methodist Church employees or applicants for employment are subject to testing for drug use, including marijuana.

**EMPLOYMENT HISTORY**

Give employment record as competely as possible, starting with your present or latest employer including summer employment.

1)      Company Name:      \_\_\_\_\_  
         Street Address:      \_\_\_\_\_  
         City, State, Zip:      \_\_\_\_\_  
  
         Start Date      \_\_\_\_\_      Start Salary      \_\_\_\_\_  
         End Date      \_\_\_\_\_      End Salary      \_\_\_\_\_  
  
         Immediate Supervisor Name/Title:      \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

2) Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Start Date \_\_\_\_\_ Start Salary \_\_\_\_\_  
End Date \_\_\_\_\_ End Salary \_\_\_\_\_

Immediate Supervisor Name/Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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3) Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Start Date \_\_\_\_\_ Start Salary \_\_\_\_\_  
End Date \_\_\_\_\_ End Salary \_\_\_\_\_

Immediate Supervisor Name/Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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4) Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Start Date \_\_\_\_\_ Start Salary \_\_\_\_\_  
End Date \_\_\_\_\_ End Salary \_\_\_\_\_

Immediate Supervisor Name/Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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5) Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Start Date \_\_\_\_\_ Start Salary \_\_\_\_\_  
End Date \_\_\_\_\_ End Salary \_\_\_\_\_

Immediate Supervisor Name/Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**VOLUNTEER HISTORY**

1) Organization Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Organization's Phone: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

2) Organization Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Organization's Phone: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

3) Organization Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Organization's Phone: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

4) Organization Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Organization's Phone: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

## REFERENCES

List as references three individuals who are not related to you by blood or marriage. List people who have known you for at least three years.

- 1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_
- 2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_
- 3) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

**CRIMINAL BACKGROUND**

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including, but not limited to drug related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

To assist in the evaluation of my employment application and/or for "employment purposes," I authorize Westminster United Methodist Church, herein called "Westminster" to request and receive any and all information concerning me from any persons, schools, companies, or other entities including, but not limited to, law enforcement agencies, licensing agencies and any of my previous employers. This authorization includes, but is not limited to, authorization for Westminster to check and verify any information contained in my employment application.

I hereby authorize any and all of the aforesaid to furnish Westminster any and all information concerning me.

I further release all parties supplying information concerning me and Westminster from any and all liability and responsibility arising out of the release of any information concerning me.

If in the judgment of Westminster, any misrepresentation has been made by me herein, any offer of employment made by Westminster may be withdrawn, or my employment may be terminated immediately, without any obligation or liability to me other than for payment at the rate agreed upon for services actually rendered.

I understand that 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 without previous notice, with or without cause. In consideration of my employment, I agree to conform to all rules, regulations, and policies of Westminster.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_