

Application for Employment

Position Desired: _____ Today's Date _____

Name: Last _____ First _____ Middle _____

Present Address _____
(Number) (Street) (City) (State) (Zip)

How long have you lived at this address? _____

How long at previous address? _____ Birth Date _____

Telephone Number _____ Cell Phone Number _____

Social Security Number _____ e-mail _____

Marital Status: Single _____ Married _____

Name of Spouse _____

If single, name of person to notify in case of emergency _____
(Full Name)

(Address) (Phone)

Spouses place of employment and phone number _____

Number of children _____

Are you currently employed? Yes _____ No _____

What date would you be available for work? _____

Have you been convicted of a felony within the last 7 years? Yes _____ No _____

If yes, please explain

Have you ever been convicted of a felony in regard to child abuse? Yes _____ No _____

If yes, explain

Are you legally eligible for employment in the United States? Yes _____ No _____

Education

School	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma

Personal/Professional References

Name: _____

Address: Street _____ Phone (____) _____

City _____ State _____

Zip Code _____

How do you know this person? _____

Name: _____

Address: Street _____ Phone (____) _____

City _____ State _____

Zip Code _____

How do you know this person? _____

Name: _____

Address: Street _____ Phone (____) _____

City _____ State _____

Zip Code _____

How do you know this person? _____

Employment History (List each job held. Start with your present job. Include volunteer activities.)

1	Company Name	Telephone # ()
	Address	Employed - (State month and year) From: To:
	Name of Supervisor	Weekly Pay
	Job Title and Briefly Describe Your work	Reason for Leaving

2	Company Name	Telephone # ()
	Address	Employed - (State month and year) From: To:
	Name of Supervisor	Weekly Pay
	Job Title and Briefly Describe Your work	Reason for Leaving

3	Company Name	Telephone # ()
	Address	Employed - (State month and year) From: To:
	Name of Supervisor	Weekly Pay
	Job Title and Briefly Describe Your work	Reason for Leaving

Attach additional sheets or Resume if desired.

By signing this application, I give my permission for First United Methodist Church of Sioux City, Iowa to contact the above work/personal/professional references and to conduct a back-ground check on me. The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I also understand that if I am offered employment by the First United Methodist Church of Sioux City, Iowa, I will be asked to sign the Sexual Misconduct Inquiry, and a background check will be made, before Employment can begin.

Signature _____ Date _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.