



Application for Employment

PLEASE PRINT

Position(s) applied for _____ Date of application ____/____/____

Referral Source

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> Other _____
<input type="checkbox"/> Walk-in		
<input type="checkbox"/> Employee	<input type="checkbox"/> Government Employment Agency	_____
<input type="checkbox"/> Relative		

Name _____

Address _____

Email Address _____

Cell Number (____) _____ Social Security Number ____-____-_____

If necessary, best time to call you at home is ____:____ a.m. / p.m.

May we contact you at work? Yes / No

If yes, work number and best time to call (____) _____:____ a.m. / p.m.

If you are under 18, can you furnish a work permit? Yes / No

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.? Yes / No

Have you filed an application here before? Yes / No If yes, give date ____/____/____

Have you ever been employed here before? Yes / No If yes, give dates ____/____/____ to ____/____/____

Date available for work ____/____/____ Type of employment desired Full-Time / Part-Time / Temporary

Do you have knowledge of a physical or mental condition which would, should you be hired, affect your ability to perform duties and responsibilities of the role for which you are applying? Yes / No

If yes, please explain _____

Employment History

List your last four (3) employers or paid positions, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer Name and Telephone Number	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
May we contact for reference? <i>Yes / No / Later</i>	\$	Per	

Employer Name and Telephone Number	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
May we contact for reference? <i>Yes / No / Later</i>	\$	Per	

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Reason for Leaving	Hourly Rate/Salary		
	Final		
May we contact for reference? <i>Yes / No / Later</i>	\$	Per	

Comments (including explanation of any gaps in employment)



Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Major and minor field of study (if applicable).

A. School and Address of School	B. Years Completed	C. Degree Diploma	D. Major

List Professional License/Certification:

References

List name and telephone number of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name and Address	Telephone (including area code)	Years Known

Professional Organizations - List professional, trade, business, or civic associations and any offices held. (Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Organization	Offices Held

Skills and Qualifications – Summarize any special training, skills, licenses, certificates and characteristics that apply to the job-related functions for the position which you are applying

List special accomplishments, publications, awards, (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status) and any additional information you would like us to consider

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and separation from the employer’s service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary. I also understand that this church does not provide unemployment benefits as stated by the state statute (Minnesota Unemployment Insurance Law - MN Statutes §268.001 to §268.23 and Administrative Rules 3310 and 3315), the church is exempt from participating in the state unemployment pool.

I understand it is this company’s policy not to refuse to hire a qualified individual with a disability because of this person’s need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date ____/____/____

<p>Return application to: Buffalo United Methodist Church 609 – 8th Street Northwest Buffalo, MN 55313</p> <p>Contact Information Phone: 763-682-3538 Fax: 763-682-3614 email: Office@BuffaloUMC.com</p>
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