EMPLOYMENT APPLICATION

St. Paul's United Methodist Church 620 Romeo St. Rochester, Michigan 48307 ~~ 248-651-9361

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, age, handicap or disability, sex, marital status, liability for service in the armed forces of the United States, citizenship, or any other characteristics protected by federal, state or local laws.

NAME					
Last		First	Middle	Social Security N	lumber
Street Address			City	State	Zip code
Home Phone		Cell Pho	one		
Email Address					
Applying for position as					
Full Time	Part Time		Date Available to	o Start	
Any friends or relatives e	employed by, or mem	bers of this C	Church?		
If yes, give name and rela	ationship:				
Are you a US Citizen or	an alien who has the	legal right to	work in the job for w	which you are applying?	
Education; List all scho	ols attended: Name		<u>Location</u>	<u>Major</u>	<u>Degree</u>
High School					
College					
Other					
Employer History (List	t most recent positio	on first):			
Dates Employed:	to	Star	ting Salary:	Ending Salary:	
Company Name:			Phone #:		
Position Held:	Supervisor:				
Reason for Leaving:					
Employer History (List	t most recent positio	on first):			
Dates Employed:	to	Star	ting Salary:	Ending Salary:	
Company Name:	Phone #:				
Position Held:			Supervise	or:	

Reason for Leaving: Employer History (List I		n first):					
Dates Employed:	to	Starting Salary:	Ending Salary:				
Company Name:	Company Name: Phone #:						
Position Held:	Position Held: Supervisor:						
Reason for Leaving:							
Have you ever been emp	oloyed by a church	? If so, where/when?					
List three (3) reference		mer employers):					
Name:		Relationship:	Ph				
Name:		Relationship:	Ph				
Name:		Relationship:	Ph				
I understand that if St. Paul's my wages. I also understand and St. Paul's has the same r	s hires me, my employ that I have the right to ight to terminate my e	terminate my employment at any time	regardless of the period of payment of me with our without notice to St. Paul's nout notice to me. Any modification of				
	lcohol test and/or med	lical examination to the extent perm	any time and also reserves the right to itted by applicable law. I authorize St.				
St. Paul's all records and other	her information pertining my employment v	ent to my employment with them.	uthorize those employers to disclose to I also authorize St. Paul's to provide tive employers and I agree to hold St.				
	derstand that if any of	f this information is false or mislead	and I authorize St. Paul's to investigate ing in any respect, then this application				
I have read and understa contained herein.	nd this application	and the questions, statements a	and conditions of employment				
Signature of applicant		Date	2				
Please attach your resum	ne or whatever info	ormation you feel qualifies you	for this position.				

Return to Rachel Henry, Business Manager. Revised: August 2016