

## **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	t l	Middle	Social Securi	ty Number
Street Address		City		State	Zip code
Home Phone		Cell Phone			
Email Address					
Applying for position as					
Full Time	Part Time	Date	Available t	o Start	
Any friends or relatives e	employed by, or mer	mbers of this Churc	:h?	_	
If yes, give name and rela	ationship:				
Are you a US Citizen or an a					ı?
Education; List all school	ols attended: <u>Name</u>	Locatio	<u>on</u> .	<u>Major</u>	<u>Degree</u>
High School					
College					
Other					
Employer History (List	most recent position	on first):			
Dates Employed:	to	Starting Salary:		Ending Salary:	
Company Name:			_ Phone #:		
Position Held:			Supervisor:	·	
Reason for Leaving:					
Employer History (List	most recent position	on first):			
Dates Employed:	to	Starting Salary:		Ending Salary:	
Company Name:			_ Phone #:		
Position Held:			Supervisor:		
Reason for Leaving:					

Employer History (List	most recent pos	sition first):			
Dates Employed:	to	Starting Salary:	Ending Salary:		
Company Name:		Ph	one #:		
Position Held:		Su <sub>l</sub>	Supervisor:		
Reason for Leaving:					
Have you ever been emp	ployed by a churc	ch? If so, where/when?			
List three (3) references	s (Preferably Foi	rmer employers):			
Name:		Relationship:	Ph		
Name:	Relationship:		Ph		
Name:		Relationship:	Ph		
I understand that if St. Pau payment of my wages. I al without notice to St. Paul's	y:	t I have the right to terminate the same right to terminate	inite period, regardless of the period of te my employment at any time with out to the contrary must be in writing and		
signed by an authorized rep I understand that St. Paul's the right to require me to	resentative of St. reserves the right submit to an alc	Paul's. to require me to submit to a ohol test and/or medical e	drug test at any time and also reserves kamination to the extent permitted by my criminal record.		
I grant to St. Paul's authorit disclose to St. Paul's all reco Paul's to provide truthful	y to contact my pr ords and other info information conce	evious employers and refere rmation pertinent to my emp	nces and I authorize those employers to ployment with them. I also authorize St h St. Paul's to my future prospective		
investigate any of this inform	mation. I understa		and accurate and I authorize St. Paul's to tion is false or misleading in any respect tely dismissed.		
I have read and underst employment contained		tion and the questions, s	catements and conditions of		
Signature of applicant			Date		
Please attach your resum	ne or whatever in	formation you feel qualifi	es you for this position.		

Revised: August 2016

Return to Rachel Henry, Business Manager.