

Application for Employment

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status.

Today's Date: _____ Position Applied For: _____

(Please Print)

Last Name	First Name	Middle Name	Maiden Name (if applicable)
Street Address	City	State	Zip
Telephone		Social Security Number	

Identity confirmed with a valid driver's license or other photographic information: Confirmed by (initials) _____

Referred by: _____

	Yes	No
If you are under 18 years of age, can you provide required proof of eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed an application with us before? If yes, give date _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If yes, give date _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)	<input type="checkbox"/>	<input type="checkbox"/>
On what date would you be available for work? _____		
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temp		
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel if a job requires it?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a felony within the last seven (7) years? (Conviction will not necessarily disqualify an applicant from employment)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain: _____

Education

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Describe any foreign languages of which you have knowledge:

Language	Fluent (✓)	Good (✓)	Fair (✓)	Speak (✓)	Read (✓)	Write (✓)

Describe any specialized training, apprenticeship skills and extra-curricular activities:

Describe any job-related training received in the United States military:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, disabilities or other protected status.

Employer	Date Employed		
	To	From	
Address			
Telephone			
Job Title	Hourly Rate/Salary		
	Beginning	Ending	
Supervisor			
Reason for Leaving			
Employer	Date Employed		
	To	From	
Address			
Telephone			
Job Title	Hourly Rate/Salary		
	Beginning	Ending	
Supervisor			
Reason for Leaving			
Employer	Date Employed		
	To	From	
Address			
Telephone			
Job Title	Hourly Rate/Salary		
	Beginning	Ending	
Supervisor			
Reason for Leaving			

Additional Information

List professional, trade, business or civic activities and offices held:

Summarize special job-related skills and qualifications acquired from employment or other experience:

Please list which equipment/machinery you have operational skills in (i.e. PC, Lotus, WordPerfect, typewriter, production machinery, etc.):

Give any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No

References

Name(s)	Address	Telephone

In reference to my application for employment with First United Methodist Church, Houston, Texas:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment/volunteering as may be necessary in arriving at an employment/volunteering decision. I hereby release any individual, employer, reference, or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature, which may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I (circle one) **waive/do not waive** any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

This application for employment/volunteering shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment/volunteering beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment/volunteer relationship with this organization is of an "at will" nature, which means that the Employee/Volunteer may resign at any time and the Employer may discharge Employee/Volunteer at any time with or without cause. It is further understood that this "at will" employment/voluntary relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

In the event of employment/volunteering, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Applicant's Signature: _____

Date: _____

Paid Employee/Volunteer Inquiry Release Form

Please Print All Information Clearly

Organization Name:	Telephone Number:
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Applicant Name:

Last:	First:	Middle (Not Maiden):
Maiden Name:	Aliases:	

Social Security Number:	Date of Birth:	County/State of Birth:
Driver's License Number/State:	State(s) of Previous Numbers (State's Name Only):	

Current Address Information:

Street Address:	City, State, Zip:
County (<u>Not Country</u>):	How Long?

Previous Addresses (for the past 7 years) (for additional space, continue on back):

Street Address:	City, State, Zip:
County (<u>Not Country</u>):	How Long?

Street Address:	City, State, Zip:
County (<u>Not Country</u>):	How Long?

Street Address:	City, State, Zip:
County (<u>Not Country</u>):	How Long?

Street Address:	City, State, Zip:
County (<u>Not Country</u>):	How Long?

In consideration of and in connection with my application for employment/volunteering (including contract for services, if applicable) and as a consideration of continued employment/volunteering, I understand that an investigative background inquiry may be performed on myself, including, but not limited to, consumer credit history, criminal conviction history and driving record history and other such reports that may exhibit information on my character, work habits, performance, education and experience, along with reasons for termination of employment/volunteering from previous employers, where such information exists. Furthermore, I understand and consent to the fact that First United Methodist Church will be requesting information from various Federal, State and other such agencies that maintain civil history and other background.

I hereby authorize, without reservation, any party or agency contracted by First United Methodist Church, as a condition of employment, to furnish the above listed information and to release **all parties** involved from any liability and responsibility for doing so. This authorization and consent shall be valid in its original, faxed or copy form.

Furthermore, I hereby verify the authenticity of all personal information pertaining to myself for the exclusive purpose of employment/volunteer consideration.

Applicant's Signature: _____

Date: _____

Primary Screening Form for Child/Youth Volunteer Workers First United Methodist Church – Houston, Texas

This application is to be completed by all applicants for any position (volunteer or paid) involving the supervision of minors. This is not an employment application form. This is being used to help the church provide a safe and secure environment for the children/youth involved in this organization.

Date: _____

Last Name	First Name	Middle and/or Maiden Name

Identity confirmed with a state driver's license or other photographic identification by (agent authorized by organization) (initials): _____

Street Address:	Apt #:	City, State, Zip:
County (not country):		Home Phone:

What type of children's/youth work do you prefer? _____

What date would you be available to begin? _____

What is the minimum length of commitment you can make? _____

Have you ever been convicted of or pleaded guilty to a crime? (If yes, please explain on the back of this page): Yes No

Were you a victim of abuse or molestation while a minor? (If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with one of the pastors rather than answering it on this form answering "yes" or leaving the question unanswered will not automatically disqualify an applicant for children's/youth work.) Yes No

Do you have a current driver's license? Yes No

Church History and Prior Youth Work

Name and location of church of which you are a member: _____

List name and location of other churches you have attended regularly during the past five years: _____

List all previous church work involving children/youth (list each organization's name, location, type of work performed and dates):

(Cont'd next page)

List all previous non-church work involving children/youth (list each organization's name, location, type of work performed and dates):

List any gifts, callings, training, education, or other factors that have prepared you for child/youth work:

Personal References (not former employers or relatives):

Name(s)	Address	Telephone

The information contained in this application is correct to the best of my knowledge. I authorize any references/organizations/ churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for child or youth work. In consideration of the receipt and evaluation of this application by First United Methodist Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I **(circle one) waive/do not waive** any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and policies of First United Methodist Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Applicant's Signature: _____

Date: _____

Witness: _____

Date: _____

Secondary Screening Form for Child/Youth Volunteer Workers First United Methodist Church – Houston, Texas

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care of all children, youth and volunteers who participate in church sponsored activities.

- Adults who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth
- Adult survivors of childhood sexual or physical abuse need the love and acceptance of this church family. Individuals who have such a history should discuss their desire to work with children or youth with one of the pastoral staff prior to engaging in any volunteer service.
- All adult volunteers working with youth or children are required to be members of First United Methodist Church for a minimum of six months.
- Adult volunteers should observe the “two adult” rule. This requires that adults are never alone with children or youth without an adult partner.
- Adult volunteers should immediately report any behaviors that seem abusive or inappropriate to their supervisor.

Please answer each question. Your response will be kept fully confidential.

As a church volunteer, do you agree to observe all church policies regarding working with children or youth? Yes No

Have you ever been convicted of or pleaded guilty to a crime? If yes, please describe on the back of this page. Yes No

Were you a victim of abuse or molestation while a minor? (If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with one of the pastors rather than answering it on the form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for child or youth work). Yes No

I have read the above policy and agree to observe the safeguards listed.

Applicant’s Signature: _____ **Date:** _____

Applicant’s Name (please print): _____