

Applicant Instructions

If you need help to fill out this application form or for any part of the employment process, please notify the person who gave you this form and every effort will be made to accomodate your needs as soon as possible

- 1. Please read "Note to Applicant."
- 2. Complete both sides of this form.
- 3. If more space is needed to complete any question, ask for additional paper.
- 4. Print clearly, only complete and legible applications will be taken.

Good Shepherd United Methodist Church
751 W. Army Trail Rd. Bartlett, IL 60103

EMPLOYMENT APPLICATION

TODAY'S DATE: _____ PHONE NUMBER: (____) _____

NAME: _____
(Last) (First) (M.I.)

SOCIAL SECURITY NUMBER: _____-_____-_____

CURRENT ADDRESS: _____
(Street) (City) (State) (Zip)

Note to Applicant

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements on this form are grounds for terminating the application process or, if discovered after employment, termination of employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. After an offer of employment, you may be required to complete a medical history form and be subject to verifications of your employment history.

Employment Desired

Position Applied For: _____ Date you can start: _____

Ever applied to this church before? _____ When? _____ Wage Desired: _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

Education

Please circle the highest grade you have completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	DATES	GRADUATE-Y/N?
High School			
College			
Other			

Security

List states and counties of residence for the past (7) years. _____

Yes No Have you ever been convicted of a felony and/or served time in the past seven years? If so, please describe below.
(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

Employment References

Your application will not be considered unless every question in this section is answered to the best of your ability. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical!

MOST RECENT EMPLOYER Name and address of Company: _____ _____ _____	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	<input style="width: 100%; height: 20px;" type="text"/> PHONENUMBER					Describe the work you did:		
SECOND MOST RECENT EMPLOYER Name and address of Company: _____ _____ _____	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	<input style="width: 100%; height: 20px;" type="text"/> PHONENUMBER					Describe the work you did:		
THIRD MOST RECENT EMPLOYER Name and address of Company: _____ _____ _____	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	<input style="width: 100%; height: 20px;" type="text"/> PHONENUMBER					Describe the work you did:		

Personal References

Include only individuals familiar with your work ability. Do not include relatives.

NAME	CITY / PHONE	YEARS KNOWN / RELATIONSHIP

Certification & Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment.

SIGNATURE	DATE
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Reference Check

For Office Use Only - Do not write in this space

Company	Dates	Salary	Talked to / Comments