

**BELLEVUE UNITED METHODIST CHURCH
APPLICATION FOR EMPLOYMENT**

(PLEASE PRINT OR TYPE IN BLACK INK)

LAST NAME		FIRST NAME		MIDDLE NAME		POSITION APPLIED FOR:	
STREET ADDRESS			CITY	STATE	ZIP CODE	APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME/TEMPORARY	
SOCIAL SECURITY NUMBER		IF NOT U.S. CITIZEN, DO YOU HAVE AUTHORIZATION TO ACCEPT EMPLOYMENT IN U.S.? Y / N		DAYTIME PHONE:		WHO REFERRED YOU?	
				CELL PHONE/OTHER:			
MAIDEN NAME/OTHER NAMES KNOWN BY:				EVER BEEN CONVICTED OF FELONY? Y / N IF YES, EXPLAIN:			
DO YOU HAVE ANY PHYSICAL CONDITION THAT WOULD LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? Y / N							
IF YES, EXPLAIN:							
BEEN PREVIOUSLY EMPLOYED HERE? Y / N DATES:				DATE AVAILABLE FOR WORK:			

EXPERIENCE AND/OR TRAINING (CHECK ALL THAT APPLY AND INDICATE NUMBER OF YEARS EXPERIENCE)

<input type="checkbox"/> MICROSOFT WORD	<input type="checkbox"/> POWERPOINT	<input type="checkbox"/> WEB DESIGN	<input type="checkbox"/> BOOKKEEPING / ACCOUNTING	<input type="checkbox"/> OFFICE ADMINISTRATION
<input type="checkbox"/> MICROSOFT EXCEL	<input type="checkbox"/> MS ACCESS/DATABASES	<input type="checkbox"/> SUPERVISION	<input type="checkbox"/> DATA ENTRY/TEN KEY	
<input type="checkbox"/> OTHER (SPECIFY) _____				

PROFESSIONAL ORGANIZATIONS IN WHICH YOU ARE ACTIVE? _____ ANY SPECIALIZED TRAINING? _____

EDUCATION	NAME OF SCHOOL	CITY AND STATE	NUMBER YEARS COMPLETED	INDICATE DIPLOMA OR TYPE OF DEGREE	MAJOR(S)/COURSE OF STUDY	MINOR(S)
HIGH SCHOOL						
COLLEGE						
OTHER						
OTHER						

SCHOOL HONORS, AWARDS, OR OFFICES HELD: _____

EMPLOYMENT EXPERIENCE

LIST PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT POSITION HELD (ATTACH A SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED.)

	FROM MO / YR	TO MO / YR	COMPANY NAME:	TITLE	SUPERVISOR NAME	REASON FOR LEAVING
1			ADDRESS:	SALARY	PHONE	
SUMMARY OF JOB DUTIES:						
2			ADDRESS:	SALARY	PHONE	
SUMMARY OF JOB DUTIES:						
3			ADDRESS:	SALARY	PHONE	
SUMMARY OF JOB DUTIES:						

PROFESSIONAL REFERENCES	1	NAME, OCCUPATION:	3	NAME, OCCUPATION:	
		ADDRESS:	PHONE:	ADDRESS:	PHONE:
	2	NAME, OCCUPATION:	4	NAME, OCCUPATION:	
		ADDRESS:	PHONE:	ADDRESS:	PHONE:

MAY WE CONTACT YOUR CURRENT EMPLOYER? Y / N

AGREEMENT	I certify that answers given herein are true and correct to the best of my knowledge. I authorize this organization to make such investigations and inquiries of my personal, employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application. In the event of employment, 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 policies and procedures of the General Board of Higher Education and Ministry. I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.	
	Signature of Applicant: _____	Date: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap. AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER