



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Note: First United Methodist Church complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Previous Employment**

**Employer Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Employer Telephone:** \_\_\_\_\_  
**Dates Employed:** \_\_\_\_\_  
**Average # of hours worked per week:** \_\_\_\_\_ **Rate of Pay:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

**(Previous Employment Continued)**

Initials: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Average # of hours worked per week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name and Title: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_  
 Average # of hours worked per week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**References**

Please provide at least 3 personal and professional references below:

Reference and Relationship	Contact Information

**AT-WILL EMPLOYMENT**

The relationship between you and First United Methodist Church is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or First United Methodist Church. No representative of First United Methodist Church has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either the Senior Pastor or chairperson of the Staff-Parish Relations Committee.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_