

**FIRST UNITED METHODIST CHURCH of ESCONDIDO**

341 S. Kalmia Street, Escondido, CA 92025

Phone: 760-745-5100, Fax: 760-745-9338, www.fumcescondido.org church@fumcesc.com

**EMPLOYMENT APPLICATION**

The Church is an Equal Opportunity Employer and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, gender or gender identification, sexual orientation, marital status, national origin, citizenship, ancestry, disability (physical and/or mental), veteran status, or any other legally protected basis.\*

**EMPLOYMENT DESIRED**

Position applying for: \_\_\_\_\_

Date of Application: \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Are you applying for: Full-time work?  Yes  No

Part-time work?  Yes  No

How did you learn of this opening: Internet \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

**GENERAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other names by which you have been known (or other information to enable a check on your work and education record):  
\_\_\_\_\_

Present Street Address: \_\_\_\_\_ City State Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you been employed here before?  Yes  No

Date(s) \_\_\_\_\_

What position did you hold \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do you have any friends or relatives working here?  Yes  No If yes, state names(s) and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

If under 18 years of age, can you provide a work permit, if hired?  Yes  No  Not Applicable

If offered employment, can you provide verification of your legal right to work in the United States  Yes  No

Have you ever been convicted of criminal offense (a felony or serious misdemeanor)? Conviction of a marijuana related offense that is more than two years old need not be disclosed.  Yes  No If "YES" please state the nature of the crime, the date of conviction, where the conviction occurred (county) and the disposition of the case:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: Conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

\*The applicant does not have to provide any information that would reveal race, color, age, sex, religion, natural origin, disability, veteran status or other protected category.

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List membership in professional (job related) organizations, groups, clubs, etc., which you wish to disclose (Please omit those which indicate your race, religion, color, national origin, ancestry, sexual orientation or age): \_\_\_\_\_

\_\_\_\_\_

State branch of military service if you served in the U.S. Armed Forces: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Have you obtained any special skills or abilities as a result of service in the military?  Yes  No

If so, describe: \_\_\_\_\_

\_\_\_\_\_

Is there any reason why you would be unable to perform or to safely perform any of the essential functions of the position for which you have applied (see job description)?  Yes  No If "Yes", please explain:

\_\_\_\_\_

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility test.)

**SKILLS**

Computer Programs: \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for the position for which you are applying? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR POSITIONS REQUIRING DRIVING ONLY**

If driving is a requirement of the job, do you have a current, valid driver's license?  Yes  No

Note: Continued employment may be contingent upon your maintaining a current, valid driver's license if driving is a requirement of your position.

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have any restrictions on your driver's license at this time?  Yes  No

If Yes, please explain: \_\_\_\_\_

Have you ever had your driver's license suspended or revoked:  Yes  No

Date(s) or revocation or suspension \_\_\_\_\_ Date(s) or reinstatement: \_\_\_\_\_

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**FOR PROFESSIONAL & TECHNICAL APPLICANTS ONLY**

Professional License/Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of License/Certification: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Has your License/Certification ever been revoked or suspended:  Yes  No

If yes, state the reason(s): \_\_\_\_\_

Date(s) or revocation or suspension \_\_\_\_\_ Date(s) or reinstatement: \_\_\_\_\_

**EDUCATION**

	Name /Address of School	Course of Study	# Years completed	Diploma/Degree Received
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other				

**WORK EXPERIENCE**

Please fully account for all time, including periods of unemployment. Begin with MOST RECENT job. (Use reverse side for additional information.)

Last or Current Employer:	Dates Employed FROM: _____ TO: _____	Work Performed:
Address:	Hourly Rate/Salary Starting: _____ Final: _____	Job title/Job Duties:
Telephone Number:	Reason for Leaving:	Supervisor's Name
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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**APPLICANT STATEMENT**

(Please initial each statement)

\_\_\_\_\_ I hereby certify that all information that I provided on this application or any other documents submitted in connection with my application for employment and any subsequent employment, and provided in any interview is true and correct. I agree to have any of the statements provided by me checked by the Church unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, or presenting misleading information on this application may be considered sufficient cause for immediate termination. **I hereby fully waive any rights or claims that I have or may have against my former employers, their employees and/or agents and release them for any and all such liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such reference information about me, whether favorable or unfavorable.**

\_\_\_\_\_ I hereby authorize \_\_\_\_\_ to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure.

\_\_\_\_\_ If hired, I agree as follows: My employment and compensation is for no definite period, is terminable at-will and my employment and compensation may be terminated by the Church at any time and for any reason whatsoever, with or without good cause, and with or without prior notice, at the option of either the Church or myself.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and my company.

\_\_\_\_\_ No implied, oral, or written agreements contrary to the express language of this at will agreement are valid unless they are in writing and signed by the Senior Pastor of the Church or the Pastor's designee. No supervisor or representative of the Church, other than the Senior Pastor of the Church or the Pastor's designee has any authority to make any agreements contrary to the foregoing.

\_\_\_\_\_ I agree that if employed, I will abide by all policies and procedures established by the Church. I further understand that if I am required to undertake a physical examination or a drug or alcohol test for pre-employment or employment related purposes, and if I fail to pass any such physical examination including a drug and/or alcohol test, if required, such will result in the revocation of any job offer and may be grounds for termination of employment.

\_\_\_\_\_ I further certify that I have been informed of the duties of the position for which I am applying and that I can perform the essential functions of the position and that if necessary will inform the Church of any reasonable accommodation that I may require to perform the functions of the position.

**POST OFFER PHYSICAL/CONTROLLED SUBSTANCE SCREENING**

\_\_\_\_\_ The Church strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. I understand that after I receive a conditional offer of employment, **I MAY BE TESTED** for the presence of controlled substances before I am hired as a condition of employment with the Church.

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

Print Name: \_\_\_\_\_