

EMPLOYMENT APPLICATION
FOR
WHITE HOUSE FIRST UNITED METHODIST CHURCH
P.O. Box 200, 3403 Highway 31W North
White House, TN 37188
PHONE: 615-672-7400; FAX: 615-672-2095; E-MAIL: whfumc1@bellsouth.net

NAME: _____
Last
First
MI
NICK NAME

ADDRESS: _____
STREET
CITY
STATE
ZIP

HOME PHONE: (____) _____ WORK PHONE: (____) _____ CELL PHONE (____) _____

EMAIL _____

POSITION APPLYING FOR: _____ FULL TIME PART TIME

DATE YOU ARE ABLE TO START WORK: _____

ARE YOU WILLING/ABLE TO WORK? Days Evenings Nights Weekends On-Call

Is there any reason you might be unable to meet our attendance requirements? Yes No

If yes, please explain _____

Have you been convicted of a felony Or misdemeanor?* If so, Explain _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a U.S. Citizen or legally authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
*A "yes" answer will not necessarily bar applicant from employment If hired, how long do you plan to continue working for this organization? _____	Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are any of your records under a different name? If so, what name? _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Training:

HIGH SCHOOL: _____
NAME
CITY
STATE
DIPLOMA
YEAR

BUSINESS / VOCATIONAL: _____
NAME
CITY
STATE
DIPLOMA
YEAR

COLLEGE / UNIVERSITY: _____
NAME
CITY
STATE
DIPLOMA
YEAR

Are you taking or do you plan to take any additional education? Yes No If yes, what? _____

EXPERIENCE WHICH YOU FEEL HAD TRAINING VALUE:

PERSONAL REFERENCES

Name	Address	Phone	Relationship	Known for how long?

EMPLOYMENT HISTORY: List most recent experience first; include military and volunteer experience.

EMPLOYER	ADDRESS	PHONE	SUPERVISOR
POSITION	DESCRIBE DUTIES		
EMPLOYMENT DATES	REASON FOR LEAVING		
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EMPLOYMENT DATES	REASON FOR LEAVING		

PLEASE READ EACH OF THE FOLLOWING ITEMS CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION:

1. I CERTIFY that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.
2. I AUTHORIZE White House FUMC to investigate information concerning my previous employment and education. I further authorize those persons and companies referenced above to provide information to WHFUMC.
3. I GIVE WHFUMC permission to do a complete background check through the Tennessee United Methodist conference office, with the information I will provide for them.

SIGNATURE OF APPLICANT _____ DATE _____