Tualatin United Methodist Church Employment Application

Welcome and Thank You

For

Applying With Us

NOTICE TO APPLICANTS

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. The objective of the company's hiring process is to select the most qualified individual for the job. All applicants are encouraged to provide the company with information that will demonstrate the applicant's qualifications to perform the duties of the job for which the applicant is applying.

PLEASE PRINT

You must fully and accur	ately complete this app	olication. Incompl	ete applica	tions will not be consi	dered.
Position applying for:			Date of Application:		
Name:			Phone:		
Last	First	Middle	_		
Address:					
Street		City		State Zip	
Social Security Number:			-		
Date available for work:_					
Are you 16 or older?Y Are you legally eligible fo Are you currently employ Do you have any commit	r employment in this c ed?YesNo	ountry? (A U.S. ci If yes, may we tal	tizen or alie k to your pi	resent employer?`	YesNo
		GENERAL INFO	RMATION		
Conviction of a crime is repersons convicted of certand rehabilitation will be Have you ever been converted.	ain crimes. Factors si taken into consideratio	uch as the age of ton.	he offense	, the seriousness and	nature of the violation
If yes, describe in full:					
		EDUCATIONAL	HISTORY		
School	No. of Years Completed	Name & Loca School		Major Course of Study	Did you Graduate?
High School	<u>, </u>				YesNo
College/University					YesNo
Other					YesNo
What school activities an would reflect race, color, What scholastic honors of	religion, national origir			te in? (Please do not	list those activities which

WORK HISTORY

Give present or most recent position first.

FIRM	PERIOD	POSITION HELD AND MAJOR DUTIES	IMMEDIATE SUPERVISOR & TITLE	REASON FOR LEAVING
Name:	From:			
Street:	To:			
City/State:	Weekly or Hourly?*			
Type of Business: Phone:	Rate of Pay?*			
			May we contact your supervisor?YesNo	

FIRM	PERIOD	POSITION HELD AND MAJOR DUTIES	IMMEDIATE SUPERVISOR & TITLE	REASON FOR LEAVING
Name:	From:			
Street:	То:			
City/State:	Weekly or Hourly?*			
Type of Business: Phone:	Rate of Pay?*			
			May we contact your supervisor?YesNo	

FIRM	PERIOD	POSITION HELD AND MAJOR DUTIES	IMMEDIATE SUPERVISOR & TITLE	REASON FOR LEAVING
Name:	From:			
Street:	То:			
City/State:	Weekly or Hourly?*			
Type of Business: Phone:	Rate of Pay?*			
			May we contact your supervisor?YesNo	

^{*}Applicant need not answer. Leaving these areas blank will have no bearing on consideration for employment.

Have you ever been disciplined for absenteeism or tardiness? __Yes __No

U.S. MILITARY SERVICE

Branch of Service:	Discharge Date:			
Describe any special training:				
	MISCELLANEOUS			
What other special qualifications have you not liste	ed above:			
Briefly state why you would like to work with our or	ganization:			
	REFERENCES			
Please provide three references, to whom you are	not related:			
Name:	Phone Number:			
Address:				
Name:	Phone Number:			
Address:				
Name:	Phone Number:			
Address:				
	SUMMARY			
employers, educational institutions and references. I also cons	I verify the accuracy of the information contained in this application from all previous sent to the obtaining of a consumer report and any other information which may be ase from liability the potential employer and its representatives for seeking, gathering and			
	nade by me on this application will be sufficient cause for cancellation of this application or ver it may be discovered. I understand employment with Tualatin United Methodist			
	th of employment and that this application does not constitute an agreement or contract inate the relationship at will, with or without cause, at any time, so long as there is no			
I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.				
I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.				
I understand this company will not tolerate any acts of violence or sexual harassment or discrimination of any kind. Such acts will lead to disciplinary action, up to and including immediate termination.				
I represent and warrant that I have read and fully understand th	ne foregoing, and that I seek employment under these conditions.			
Signed:	Date:			