

**MCFARLIN MEMORIAL UNITED METHODIST CHURCH
NORMAN, OKLAHOMA**

APPLICATION FOR EMPLOYMENT

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, sexual preference, physical or mental handicap, veterans status and citizenship status. The acceptance of this application does not mean that job openings exist and it does not obligate us in any way. We appreciate your interest in our organization.

If additional space is needed to complete any part of this application please attach additional sheets of paper. PLEASE PRINT OR TYPE ALL INFORMATION.

PERSONAL INFORMATION

Name _____ Social Security No. _____

Present address _____

No. Street City County State Zip
How long have you lived at this address? _____ Home phone _____ Cell _____

Social networking addresses (Facebook, MySpace, etc.) _____

Previous address _____

No. Street City County State Zip
How long did you live there? _____ Are you a citizen of the United States? _____

If not a citizen can you provide proof that you can legally be employed in the U.S.? _____

Are you over the age of 18? _____ If no, employment is subject to verification that you are of minimum legal age.

Driver's license issued by State of _____ License number _____

EMPLOYMENT INFORMATION

Position applying for _____ Date available for work _____

Have you ever applied for a position with us before? _____ Have you ever worked for us before? _____

Have you ever been bonded? _____ Have you ever been refused bond? _____ If yes, state reason and date _____

Have you ever been convicted of any crime other than a minor traffic violation? _____ If yes, state date, court and place where offense occurred _____

Has your driver's license ever been revoked or suspended? _____ If yes, explain _____

Has a state board that licenses business or professions ever licensed you? _____ If yes, what board? _____

If yes, has this license ever been revoked or suspended? _____ If yes, explain _____

Have you ever been discharged or requested to resign from a position? _____ If yes, explain _____

Does your present employer know of your plans to change employment? _____ Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? _____

If yes, state date(s) and explain circumstances _____

Have you ever held a position working with children (if applying for such a position)? _____

If yes, state dates and explain circumstances _____

How much time have you lost from work during this past year? _____

Do you have any personal responsibilities or problems that may affect your daily attendance? _____ If yes, explain _____

EDUCATION INFORMATION

Schooling	Years Attended	Degree or Major Subject	Name of School	Location	Did You Graduate?
High School					
Vocational					
College					
Graduate School					

Describe any other specialized or professional training. _____

If you are presently enrolled in school, what are you studying? _____

CHURCH AFFILIATION

Please list your church membership(s) over the past five years:

Current Church _____ Dates attended _____ City/State _____ Phone# _____

Previous Church _____ Dates attended _____ City/State _____ Phone# _____

Previous Church _____ Dates attended _____ City/State _____ Phone# _____

PRIOR WORK RECORD (Start with most recent or present employer)

1. Name of Most Recent Employer _____ Phone # _____
Address _____
Name & Position of Immediate Supervisor _____ Dates: From _____ To _____
Your Position or Title _____ Starting Rate\$ _____ Ending Rate\$ _____
Describe Your Duties _____
Reason for Leaving _____

2. Name of Employer _____ Phone # _____
Address _____
Name & Position of Immediate Supervisor _____ Dates: From _____ To _____
Your Position or Title _____ Starting Rate\$ _____ Ending Rate\$ _____
Describe Your Duties _____
Reason for Leaving _____

3. Name of Employer _____ Phone # _____
Address _____
Name & Position of Immediate Supervisor _____ Dates: From _____ To _____
Your Position or Title _____ Starting Rate\$ _____ Ending Rate\$ _____
Describe Your Duties _____
Reason for Leaving _____

PERSONAL REFERENCES

Name _____ Phone# _____ Years known _____ Occupation _____
Name _____ Phone# _____ Years known _____ Occupation _____
Name _____ Phone# _____ Years known _____ Occupation _____

APPLICANT’S STATEMENT – READ CAREFULLY!

All information provided on this Application for Employment form is complete and accurate to the best of my knowledge.

Applicants employed by McFarlin Memorial United Methodist Church (Church) will be expected to understand, respect and support the mission of the Church and abide by it’s rules and policies.

The Church has my permission to investigate, at its discretion, my past employment history, personal references, and any other information contained in this application. I agree to sign an “Authorization to Release” form to allow the Church or its representative to obtain a background check, employment, and personal information. Any position offered to me is contingent upon the satisfactory completion of background and reference checks.

Misrepresentation of facts in this application will disqualify me from further consideration or, if I am employed by the Church, may be sufficient cause for dismissal.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant’s identity and employment authorization. I understand that it will be necessary for me to submit such documents as are required by law to verify my identification and employment authorization on the first day of employment.

I understand that nothing contained in this form or as contained in the Personnel Policies of the Church, or in the granting of an interview, is intended to create a contract between the Church and me, either for employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Church unless made in writing.

I understand that employment at this organization is “at will”, and includes no guarantee, contract, or promise of employment for any specified length of time.

Signature of Applicant

Date

**McFarlin Memorial United Methodist Church
Combined Disclosure Notice and Authorization
Regarding Background Consumer Reports**

Important: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with McFarlin. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with McFarlin. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the business office, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

Authorization

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish McFarlin Memorial United Methodist Church with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Read, Acknowledged and Authorized

Date of Birth _____

Social Security No. _____

Address _____

Name (Please Print)

Signature

Date

___ If you obtain any consumer reports concerning me I elect to receive a copy.