

# United Methodist Church

211 E. Third St., Storm Lake, Iowa 50588

Telephone: 712-732-5458

**EQUAL OPPORTUNITY EMPLOYER**

form: August, 2023

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_  
(Last) (First) (Middle)

Date \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Best time to call you at home: \_\_\_\_\_

Cell #: (\_\_\_\_\_) \_\_\_\_\_ Work # (if we may call you at work): (\_\_\_\_\_) \_\_\_\_\_

e-mail Address \_\_\_\_\_

Are you legally eligible for employment in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available for employment? \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

### PROFESSIONAL DATA

Position for which you are applying \_\_\_\_\_

Why are you interested in this position at the United Methodist Church? \_\_\_\_\_  
\_\_\_\_\_

Please list the skills you possess which best qualify you for this position: \_\_\_\_\_  
\_\_\_\_\_

EDUCATION: Name all schools, colleges and workshops attended

School Attended	City	State	Credits or Degrees	College Major/Minor

**WORK EXPERIENCE:** Name the most significant work experiences you have had which prepare you for this position:

Employer's Name/ Address (City, St)	Summarize nature of work performed	Phone Number	Dates of Employment	Name of Supervisor	Reason for leaving

**MILITARY DUTY:**

**Active Duty:** \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_  
 Location of Duty: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

**Reserve Duty** Branch: \_\_\_\_\_  
 Obligation Period: \_\_\_\_\_  
 Times of Current Training Duty: \_\_\_\_\_

Are you on a sex offender registry? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you on the Department of Human Services' child abuse registry? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ No \_\_\_\_\_  
 Yes If yes, please provide date, incident, city, and state of charge: \_\_\_\_\_  
 \_\_\_\_\_

*Please Note: Responding "yes" to any of the previous questions is not an automatic bar to employment. The date of the offense, and the relationship between the offense and the position for which you are applying will be considered.*

Are you able to perform, with or without reasonable accommodations, the essential job functions required of this position? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

You may attach a resume if available.

**AGREEMENT**

*I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of this application or termination of employment. I authorize verification of all information provided by me. I authorize all current and former employers to release any information concerning my employment background. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship is terminable-at-will.*

Signature \_\_\_\_\_ Date \_\_\_\_\_