

125 North Lakeview Avenue, Winter Garden, Florida 34787
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Rev. Melissa M. Stump

## **Application for Employment**

## Part 1 - Equal Opportunity Statement [Read or have read to you.]

The <u>The First UMC of Winter Garden, Inc.</u> is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Part 2 – Person	nal Information [To be complete	ed by the applicant. Please print.]	
Today's Date: _			
Applicant's Nan	ne:		
Home Address:	House Number, Street, Apartment Number	r	
	City	State	Zip
Phone Number	Home (include area code)	Business (include area co	ode)
DATE OF BIRT	H Email Addre	ss	
If hired, can you	u furnish proof that you are eligib	ele to work in the U.S. Yes NO	
Have you ever l If Yes, please e		on (except a minor traffic violation)? Yes	NO
	oes not automatically disqualify you plying will be considered.	ı from employment, since the nature of the offe	ense, date, and the job for

Part 3 – Information About the Position for	Which You Are Appl	ying [To be complete	ed by the a	pplicant.]	
When can you start?					
Position Title:	Salary Requirement:				
What type of employment are you seeking?	Full Time	Part Time			
Part 4 – Educational Background [To be co	mpleted by the applica	int.]			
High School:					
Name  Years Completed:   1  2  3	Street Address	City	State	Zip	
Undergraduate College: Name	Street Address	City	State	Zip	
Degree(s) Earned:					
Subjects Studied in College:					
Graduate College: Name	Street Address	City	State	Zip	
Degree(s) Earned:					
Subjects Studied in Grad School:					
Business/Technical School:	Street Address	City	State	Zip	
Degree(s) and/or Certifications Earned:	Olicot Address	Oity	Otate	Σip	
Subjects Studied in Business/Technical School	ol:				
Part 5 – Your Special Skills [To be complete What skills or additional training do you have	•	ob for which you are	applying?		
What office equipment can you operate that w	ould be related to the	job for which you are	applying?		
What specific Computer skills do you have tha	at would be relevant to	the job for which you	are applyi	ing	

Part 5, Continued - Special	Skills For Driving Jobs Only				
Do you have a valid driver's li	cense? Yes No				
Driver's License Number:		Class of Licer	ıse:		
Have you had your driver's lic	ense suspended or revoked in t	he last three years	? Yes	No	
If yes, give details:					
Part 6 –References [To be co	ompleted by the applicant.]				
Are you presently employed?	Yes No May we contact	your present empl	oyer?	Yes	No
Have you ever been fired or a	asked to resign from a job? Ye	s No If yes,	please ex	κplain below:	
•	school under any other names?			Yes	No
Business References (Give	e three references, not relative	es or former empl	oyers.)		
		Work Phone #			
Name	Address	Work Phone #		Home Phone	#
Name	Address	Work Phone #		Home Phone	#
Name	Address	Work Phone #		Home Phone	#
Name	Address	Work Phone #		Home Phone	#
Name	Address	Work Phone #		Home Phone	#
Name	Address	Work Phone #		Home Phone	#
Work History: List names of including military service and	f employers with present or last dany period of unemployment. I e telephone numbers and name	employer listed firs	st. Accoul	nt for all periods	s of time,
Work History: List names of including military service and	f employers with present or last	employer listed firs	st. Accoul	nt for all periods ame and supply	s of time,
Work History: List names of including military service and business references. Provide	f employers with present or last	employer listed firs f self-employed, gi s of individuals to c	st. Accour ve firm na contact.	nt for all periods ame and supply	s of time,
Work History: List names of including military service and business references. Provide Employer:	f employers with present or last	employer listed first f self-employed, gi s of individuals to o	st. Accour ve firm na contact. Your Tit	nt for all periods ame and supply le:	s of time,
Work History: List names of including military service and business references. Provide Employer: Supervisor:	f employers with present or last	employer listed first f self-employed, gi s of individuals to o	st. Accour ve firm na contact. Your Tit Salary:	nt for all periods ame and supply le:	s of time,
Work History: List names of including military service and business references. Provide Employer: Supervisor: Address:	f employers with present or last	employer listed first self-employed, gist of individuals to confirm from:	st. Accour ve firm na contact. Your Tit Salary: Phone #	nt for all periods ame and supply le:	s of time,
Work History: List names of including military service and business references. Provide Employer: Supervisor: Address: Employer:	f employers with present or last	employer listed first self-employed, giss of individuals to construct the self-employed. From:	st. Accourve firm nacontact. Your Tit Salary: Phone #	nt for all periods ame and supply le:	s of time,

Part # – Affidavit [To be completed by the applicant.] Read each statement carefully (or have read to you) and sign.

- Truthfulness—I certify that all information provided in this employment application is true and complete. I
  understand that any false information or omission may disqualify me from further consideration for
  employment and may result in my dismissal if discovered at a later date.
- Consumer Report—I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.
- Investigation—I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations from any legal liability in making such statements.
- Medical Information—I understand that if I am extended an offer of employment it may be conditioned upon
  my successfully passing a complete pre-employment physical examination. I consent to the release of any or
  all medical information as may be deemed necessary to judge my capability to do the work for which I am
  applying.
- Drug Screening—I understand that I may be required to successfully pass a drug screening examination. I
  hereby consent to a pre- and/or post-employment drug screen as condition of employment, if required.
- Not a Contract—I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I understand that the first ninety (90) days of my employment is my new hire introductory period.

Applicant's Signature:	Date:	
	This application for employment will remain active for a limited time.	