

Please  
Print all information  
and don't forget to sign  
application on page 4

**Fredericksburg United Methodist Church**  
**Employment Application**

Applicants May Be Tested for Illegal Substances

**For Office Use Only:**  
Application received on  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**Name:** \_\_\_\_\_  
Last First Middle Maiden

**Present address:** \_\_\_\_\_  
Number Street City State Zip

**How long at present address?** \_\_\_\_\_ Years \_\_\_\_\_ Months

**Contact information:** \_\_\_\_\_  
Home phone Cell phone Email address

**Social Security Number:** \_\_\_\_\_

**Position you are applying for:** \_\_\_\_\_ **Desired Salary;** \_\_\_\_\_

**Employment desired:** \_\_\_ Full-time only \_\_\_ Part-time only \_\_\_ Full-time or Part-time

**How many hours can you work weekly?** \_\_\_\_\_ **Can you work nights/weekends** \_\_\_\_\_

**Please indicate the days/hours you are available to work: Check the day and then write available hours in ( )**

\_\_\_ Monday ( \_\_\_\_\_ ) \_\_\_ Tuesday ( \_\_\_\_\_ ) \_\_\_ Wednesday ( \_\_\_\_\_ )  
\_\_\_ Thursday ( \_\_\_\_\_ ) \_\_\_ Friday ( \_\_\_\_\_ ) \_\_\_ Saturday ( \_\_\_\_\_ )  
\_\_\_ Sunday ( \_\_\_\_\_ )

**What date are you available to start work?** \_\_\_\_\_

**Do you have a valid driver's license:** \_\_\_ Yes \_\_\_ No

**Drivers license number** \_\_\_\_\_ **State Issued** \_\_\_\_\_ **Type of License** \_\_\_\_\_

**What is your means of transportation?** \_\_\_ Personal vehicle \_\_\_ Public transportation \_\_\_ Walking

**Have you had any vehicle accidents during the past three years?** \_\_\_ Yes \_\_\_ No

**Have you had any moving violations during the past three years?** \_\_\_ Yes \_\_\_ No

If you answered yes to either of the previous two questions use the space below to explain the number of accidents and moving violations:

\_\_\_\_\_  
\_\_\_\_\_

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<b>Work Experience:</b> Please list your work experiences for the <i>past five years</i> , beginning with your most recent job.			
<b>Employer Name:</b> _____ <b>Address:</b> _____ _____ <b>Phone Number:</b> _____ <b>Email:</b> _____	<b>Supervisor's Name</b>	<b>Employment Dates</b>	<b>Salary</b>
		<b>From:</b>	<b>Start:</b>
		<b>To:</b>	<b>Final:</b>
<b>Your Last Job Title:</b>			
<b>Reason for Leaving:</b>			
List the jobs you held, duties performed, skills used and/or learned, advancements or promotions with this company:			

<b>Employer Name:</b> _____ <b>Address:</b> _____ _____ <b>Phone Number:</b> _____ <b>Email:</b> _____	<b>Supervisor's Name</b>	<b>Employment Dates</b>	<b>Salary</b>
		<b>From:</b>	<b>Start:</b>
		<b>To:</b>	<b>Final:</b>
<b>Your Last Job Title:</b>			
<b>Reason for Leaving:</b>			
List the jobs you held, duties performed, skills used and/or learned, advancements or promotions with this company:			

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<b>Work Experience Continued. Use Additional Paper if Needed</b>			
<b>Employer Name:</b> _____	<b>Supervisor's Name</b>	<b>Employment Dates</b>	<b>Salary</b>
<b>Address:</b> _____ _____		<b>From:</b>  <b>To:</b>	<b>Start:</b>  <b>Final:</b>
<b>Phone Number:</b> _____	<b>Your Last Job Title:</b>		
<b>Email:</b> _____			
<b>Reason for Leaving:</b>			
List the jobs you held, duties performed, skills used and/or learned, advancements or promotions with this company:			

<b>This section is for applicants seeking an office position</b>					
<b>Name of Software/ Equipment</b>	<b>Version</b>	<b>Basic</b>	<b>Intermediate</b>	<b>Advanced</b>	<b># Years Used</b>
Microsoft Office Word					
Microsoft Office Access					
Microsoft Office Excel					
Microsoft Office Power-Point					
Microsoft Office Publisher					
<b>Type of Office Equipment</b>	<b>Brand/Type</b>	<b>Basic</b>	<b>Intermediate</b>	<b>Advanced</b>	<b>WPM</b>
Personal Computer					
MAC					
Typewriter					
Printers					NA
Copiers					NA
Calculators					NA
Postage Meter					NA

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**Military Service**

Have you ever been in the Armed Forces? \_\_\_ Yes \_\_\_ No

Date entered the Armed Forces \_\_\_\_\_ Date Discharged \_\_\_\_\_

Are you currently a member of the National Guard? --- Yes \_\_\_ No

Are you the spouse of an active member of the Armed Forces or the National Guard? \_\_\_ Yes \_\_\_ No

**Education History**

Type of School	Name of School	Mailing Address	Years Completed	Major/ Degree
High School				
GED				
College				
Business or Trade				
Professional School				

**References: Please list two references other than relatives or previous employers**

Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

**Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No** (If yes explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentenced imposed, and type of rehabilitation) \_\_\_\_\_

I hereby give my permission for Fredericksburg United Methodist Church to contact my present and/or past employers. I further understand that I will need to submit to criminal and child abuse background checks as a condition of employment at Fredericksburg United Methodist Church.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date