

ST. PHILIP'S UNITED METHODIST CHURCH

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APPLICATION FOR EMPLOYMENT

FULL NAME – LAST		FIRST	MIDDLE	SOCIAL SECURITY NUMBER:		
PRESENT ADDRESS - STREET				TELEPHONE NUMBERS: BUSINESS:		
CITY				STATE	ZIP	HOME:
REFERRED BY:				DRIVER'S LICENSE INFORMATION		
				TYPE:		
				NUMBER:		
FEDERAL LAW PROHIBITS THE EMPLOYMENT OF UNAUTHORIZED ALIENS. ALL PERSONS HIRED MUST SUBMIT SATISFACTORY PROOF OF EMPLOYMENT AUTHORIZATION AND IDENTITY WITHIN THREE DAYS OF BEING HIRED. FAILURE TO SUBMIT SUCH PROOF WITH THE REQUIRED TIME SHALL RESULT IN IMMEDIATE EMPLOYMENT TERMINATION.				<input type="radio"/> U. S. CITIZEN/PERMANENT RESIDENT <input type="radio"/> ALIEN		
				ALIEN REGISTRATION NUMBER:		
NOTIFICATION IN CASE OF AN EMERGENCY:		RELATIONSHIP:		IF NEITHER, WHAT IS YOUR VISA STATUS		
A ADDRESS:		PHONE:		<input type="radio"/> STUDENT <input type="radio"/> VISITOR <input type="radio"/> EXCHANGE STUDENT <input type="radio"/> OTHER – EXPLAIN:		
TYPE OF EMPLOYMENT DESIRED: <input type="radio"/> FULL TIME <input type="radio"/> PART-TIME <input type="radio"/> TEMPORARY		SALARY EXPECTED:		DATE AVAILABLE FOR WORK:		
JOB PREFERRED:						
SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:						
FILL IN THE SPACES BELOW WITH THE LANGUAGES THAT YOU CAN SPEAK, READ OR WRITE:						
	FLUENTLY	GOOD	FAIR	POOR		
SPEAK						
READ						
WRITE						
NAME & LOCATION OF HIGH SCHOOL ATTENDED:		NUMBER OF YEARS COMPLETED:		GRADUATION DATE (MONTH & YEAR)		
NAME & LOCATION OF COLLEGE/TRADE SCHOOL:		DATES ATTENDED		FIELD OF STUDY		GRADUATION DATE
		FROM	TO	MAJOR	MINOR	DEGREE DATE
SPECIAL TALENTS OR ABILITIES:						

PROVIDE EMPLOYMENT RECORD, STARTING WITH YOUR PRESENT OR LAST EMPLOYER. INCLUDE SUMMER EMPLOYMENT. IF SPACE IS INSUFFICIENT, LIST ON SEPARATE PAGE OR ATTACH RESUME FOR ANY UNEMPLOYED OR SELF-EMPLOYED PERIODS. SHOW DATES AND LOCATIONS.

DATES TO & FROM		EMPLOYER'S NAME AND FULL ADDRESS	POSITION/SALARY	SPECIFIC REASON FOR LEAVING
MONTH	YEAR	EMPLOYER'S NAME		
		ADDRESS		
		SUPERVISOR AND TELEPHONE NUMBER		
MONTH	YEAR	EMPLOYER'S NAME		
		ADDRESS		
		SUPERVISOR AND TELEPHONE NUMBER		
MONTH	YEAR	EMPLOYER'S NAME		
		ADDRESS		
		SUPERVISOR AND TELEPHONE NUMBER		
MONTH	YEAR	EMPLOYER'S NAME		
		ADDRESS		
		SUPERVISOR AND TELEPHONE NUMBER		

GIVE THE NAMES OF THREE PERSONS WHO ARE NOT RELATED TO YOU AND ARE NOT FORMER EMPLOYERS. THESE PEOPLE SHOULD HAVE KNOWN YOU FOR SEVERAL YEARS.

NAME	ADDRESS	YEARS KNOWN	OCCUPATION & TELEPHONE NO.

HAVE YOU BEEN CONVICTED UNDER ANY CRIMINAL LAW WITHIN THE PAST 3 YEARS (EXCLUDING TRAFFIC VIOLATIONS)?

NO YES GIVE DETAILS:

MAY WE CALL YOUR PRESENT EMPLOYER? NOW: YES NO LATER: YES NO

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT. I UNDERSTAND MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR HEREON WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF EMPLOYMENT CONSIDERATION OR IMMEDIATE DISMISSAL. IF I HAVE BEEN EMPLOYED, I UNDERSTAND EMPLOYMENT IS SUBJECT TO MY ABILITY TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB IN A SATISFACTORY MANNER. I UNDERSTAND IF I AM EMPLOYED, EVIDENCE OF A U. S. RESIDENT STATUS AND A BIRTH CERTIFICATE OR OTHER EVIDENCE OF DATE OF BIRTH MAY BE REQUIRED. I UNDERSTAND IF EMPLOYED, I WILL BE ON PROBATION FOR THE FIRST EIGHTY-NINE DAYS OF MY EMPLOYMENT.

SIGNATURE:

DATE ISSUED:

THIS IS TO INFORM YOU AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, IT IS UNDERSTOOD THAT AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, WHICHEVER MAY BE APPLICABLE.