

**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 State Zip

How long have you lived at this address? _____ Home phone _____ Cell _____

Present address _____

No. Street City 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.

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 _____

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

APPLICANT'S STATEMENT AUTHORIZATION FOR CRIMINAL RECORDS CHECK

The information in this application is correct to the best of my knowledge. In making this application for employment I authorize McFarlin Memorial United Methodist Church to complete a background investigation whereby information is obtained through personal interview with my neighbors, friends, former employers, or others with whom I am acquainted. I authorize any reference, employer, church, and any other persons or agencies that may be revealed during a background investigation to release to McFarlin Memorial United Methodist Church, any information they may have regarding my character and fitness for ministry involvement, especially as it relates to children. I release all such references from liability for any damage that may result from furnishing such evaluations to McFarlin Memorial United Methodist Church. I also release McFarlin Memorial United Methodist Church, its officers, employees, and volunteers thereof from any liability from use of this application or information. I waive any right that I may have to inspect references provided on my behalf.

I agree to be bound by the Policies and Procedures of McFarlin Memorial United Methodist Church and to manifest Christian conduct in the performance of my services on behalf of the church.

I understand that this church desires to protect its children and therefore give my permission for church leadership to conduct a computerized nation-wide records check on me. I hereby grant any law enforcement agency whether local, state, or national, to release any information which pertains to any conviction records the agency has maintained on me. I hereby release said Law Enforcement Agency from any and all liability resulting from such disclosure.

I further state that **I HAVE READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ **Date** _____

Witness _____ **Date** _____

Print name _____
Street Address _____
Maiden name if applicable _____
Print all aliases _____
City/State/Zip _____
Date of Birth _____
Place of Birth _____
Social Security Number _____

Record sent to: **McFarlin Memorial United Methodist Church**
P.O. Box 6390
Norman, Oklahoma 73070-6390