

**First United Methodist Church of Colleyville
Employment Application Form**

Date: _____

Applicant name: _____

Address: _____

Email address: _____

Telephone number(s): _____

Social Security Number: _____

Driver's license number and state: _____

Position(s) applied for or type of work desired:

Type of employment desired: Full-time _____ Part-time _____ Temporary _____

Date you will be available to start work: _____

Are you able to meet the attendance requirements? Yes _____ No _____

Do you have any objection to working overtime if necessary? Yes _____ No _____

How did you hear about the position? _____

Employment History

Please provide all employment history for your past three employers starting with the most recent.

Employer: _____

Position(s) held: _____

Address: _____

Telephone # _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary : _____

Summary of duties: _____

Reason for leaving: _____

Employer: _____

Position(s) held: _____

Address: _____

Telephone # _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary : _____

Summary of duties: _____

Reason for leaving: _____

Employer: _____

Position(s) held: _____

Address: _____

Telephone # _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary : _____

Summary of duties: _____

Reason for leaving: _____

.....

Other Skills and Qualifications

Summarize any job-related training, skills, computer knowledge, licenses, certificates, and any other information you believe if relevant to your qualifications to this job. _____

Educational History

Type of School	Name of School	Major & Degree or Completed	Years
High school			
College			
Graduate			
Business or Trade			
Professional			

Professional References:

Name: _____
Place of Business: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Professional Relationship to You: _____
Work Phone Number: (____) ____ - _____
Work Email Address: _____

Name: _____
Place of Business: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Professional Relationship to You: _____
Work Phone Number: (____) ____ - _____
Work Email Address: _____

Personal Reference:

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Relationship to You: _____
Daytime Phone Number: (____) ____ - _____
Email Address: _____

Release

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references.

I understand that any intentional misrepresentation or material omission made by me on this application may constitute grounds for rescission of a job offer or immediate termination of employment if I am employed, without notice, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement of contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with, or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that this is a drug free workplace and consent to compliance with this policy as a condition of employment.

I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I have read and fully understand the foregoing statements and I seek employment under these conditions.

Applicant signature: _____ **Date:** _____