



UNITED METHODIST CHILDREN'S HOME

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Thank you for your interest in career opportunities with the United Methodist Children's Home. All applicable sections of this application must be completed prior to consideration for employment with UMCH. Any information requested on this application is used solely to evaluate your ability to perform the job for which you are applying. The United Methodist Children's Home is an Equal Opportunity Employer. It is our policy to provide equal employment opportunities for all individuals without regard to race, gender, color, national origin, disability, or veteran status.

PERSONAL INFORMATION

Position Desired (1st Choice):	Position Desired (2nd Choice):	Date You Can Start :	Income Requirements:
Employment Status Preference (Please Check One): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Relief <input type="checkbox"/> Temporary			
Name	Last	First	Middle
			Social Security Number
Present Address	Street Number	City	State Zip
Previous Address	Street Number	City	State Zip
Home or Nearest Telephone Number ()		Business Phone Number ()	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied to, or been employed by the United Methodist Children's Home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when?		Reason for leaving?	
What shift(s) are you available to work? <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Rotating			
Name(s) of relative(s) or friend(s) who are employed by the United Methodist Children's Home:			
Do you have relative(s) or friend(s) who are employed at the location for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give relationship:			
Who referred you to us? <input type="checkbox"/> UMCH Employee <input type="checkbox"/> State Employment Service <input type="checkbox"/> Own Initiative			
<input type="checkbox"/> Other _____			

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED	Graduated	Diploma, Degree	Major Subject
College: Associate Bachelor Master PhD			
High School Attended	City and State	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University	City and State	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade or Graduate School	City and State	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional License(s) and/or Certification(s)			
If you did not graduate, why did you leave high school or college?			
Do you plan to continue school anytime in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		What course of study/degree do you plan to pursue?	
If yes, where and when?			

Beginning with your most recent employment, please provide information regarding your employment history. Please be specific and answer all questions. This section must be completed regardless of whether or not you have provided a resume. Please attach an additional sheet(s) if necessary.

EMPLOYMENT HISTORY

1. Current or Last Employer				Your Official Job Title		
Address				Type of Business		
From Month Year ____ _	To Month Year ____ _	Total Months _____	Number of Hours Per Week _____	Beginning Salary \$ ____ Per ____	Ending Salary \$ ____ Per ____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number/title of employees you supervised on a continuing basis				Equipment You Operated		
Name, title and telephone number of your supervisor				Reason for Leaving		
Describe your duties in detail						

2. Employer				Your Official Job Title		
Address				Type of Business		
From Month Year ____ _	To Month Year ____ _	Total Months _____	Number of Hours Per Week _____	Beginning Salary \$ ____ Per ____	Ending Salary \$ ____ Per ____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number/title of employees you supervised on a continuing basis				Equipment You Operated		
Name, title and telephone number of your supervisor				Reason for Leaving		
Describe your duties in detail						

3. Employer				Your Official Job Title		
Address				Type of Business		
From Month Year ____ _	To Month Year ____ _	Total Months _____	Number of Hours Per Week _____	Beginning Salary \$ ____ Per ____	Ending Salary \$ ____ Per ____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number/title of employees you supervised on a continuing basis				Equipment You Operated		
Name, title and telephone number of your supervisor				Reason for Leaving		
Describe your duties in detail						

Authorization

The United Methodist Children's Home (UMCH) is an equal opportunity employer and does not discriminate in hiring or employment based upon race, color, gender, age, citizenship status, national origin, veteran status or disability. UMCH employees may not be retaliated against by UMCH or other UMCH employees for raising concerns covered by this policy, or responding to a UMCH investigation of a possible violation of this policy. Any employee who has concerns about whether he/she has been treated consistently with this policy should immediately bring that concern to the attention of the Director of Human Resources.

I certify that all of the information provided by me on this employment application or any other form(s) at any stage of the hiring process is true and correct to the best of my knowledge and belief. I further understand that false and/or misleading statements and/or omissions of any kind on this employment application or on any other form(s) at any stage of the employment process (verbal or written) may be sufficient cause for my not being hired or my dismissal if I am hired.

I understand that if I am offered employment, this offer is conditional upon my taking a pre-employment physical examination and passing a drug screen. I understand that if I falsify responses to medical inquiries, including my history of workers' compensation claims, my employment may be terminated, and I may be denied workers' compensation and/or unemployment benefits.

I understand and agree that UMCH or its agent(s) may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not. I authorize the persons or organizations referenced in this employment application to give UMCH any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this employment application. I release all such parties from all liability for any damage that may result from furnishing such information to UMCH. I also release UMCH from any liability for any decision that it may make based upon any information it receives pursuant to this agreement.

It is agreed and understood that this application for employment in no way obligates UMCH to employ me. If I am employed by UMCH, I agree and understand that my employment is at-will, for an indefinite duration and may be terminated by either UMCH or me, at any time, with or without cause. It is agreed and understood by me that if I am employed by UMCH, participation in any of the benefit programs offered by UMCH does not create a contract of employment for a definite period of time. Additionally, the UMCH Employee Handbook or other statements of UMCH policy is not a contract and cannot create a contract of employment for any definite duration.

I agree and understand that if I am employed by UMCH only the President & CEO has the authority to establish a contract of employment with me, and that any such contract must be in writing, designated as an employment contract, and signed by both parties.

In the event of my employment, any UMCH material(s) entrusted to me during the course of my employment must be returned to UMCH on the last day of my employment, whether I resign or am terminated. I agree and understand that should I be employed, I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm or corporation any matters affecting or related to UMCH.

I acknowledge that a telephone facsimile (fax) or photographic copy of this document shall be as valid as the original. This release is valid for most federal, state and county agencies.

I hereby authorize, without reservation, any law enforcement agency, institution information service bureau, school, employer, reference or insurance company contacted by the United Methodist Children's Home, or its agent(s) to furnish the information described herein.

My signature below certifies that this employment application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

FOR HUMAN RESOURCES USE ONLY

Last Name

First

Middle

Disposition Code