



Trinity Heights United Methodist Church
3600 N. Fourth Street
Flagstaff, AZ 86004
(928) 526-1397

Application for employment

Please type or print clearly.

Today's date: _____

PERSONAL DATA

Last name: _____ First: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone number: () _____ Evening phone number: () _____

How or by whom were you referred? _____

Position desired: _____

Have you applied here before? Yes No If yes, give dates: _____

Are you legally authorized to work in the United States? Yes No
(If hired, you will be required to submit proof of your identity and work authorization as a condition of employment.)

Do you have any relatives serving on the staff Parish Committee? Yes No If yes, who: _____

Have you ever been employed by Trinity Heights United Methodist Church? Yes No
If yes, give dates: _____

Do you have specific salary requirements? Yes No If yes, please indicate: _____

Do you have a valid driver's license? Yes No Class: _____

EMPLOYMENT DATA

If hired, when are you available to start work: _____

Type of hours: Full Time Part Time Days Nights Hours: _____

Regular Temporary

Are there any days or hours you are unable or unwilling to work? If yes, write specifics below:

Do you have reliable transportation to and from work? _____

EDUCATION

High school name: _____ City: _____ State: _____

Circle highest grade completed: High School 9 10 11 12 College 13 14 15 16 17

Diploma or GED: Yes No

College (list all whether or not degree was obtained):

Name	Address	Major	Degree	Date degree awarded
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Academic honors, awards or special recognition: _____

Special certificates and/or training: _____

SPECIALIZED OFFICE SKILLS

Answering multi-line phones Ten-key ___ by touch ___ by sight ___ number of key strokes
 Typing wpm _____ Data entry wpm _____

Computer skills: Hardware used: _____

Software used: _____

Describe any other skills related to the position to which you are applying:

Knowing what the job requirements are for this position, are there any reasons that you would not be able to meet the job expectations? _____

EMPLOYMENT INFORMATION

Please complete in full even though you may also be submitting a resumé. You may include military service and any verifiable work performed on a volunteer basis.

1. Current/Last employer: _____ Employment dates: _____

Type of business: _____ Job title: _____

Address: _____ Salary: Starting _____

_____ Ending _____

Supervisor's name: _____ Reason for leaving: _____

Duties/Responsibilities: _____ Phone number: () _____

_____ May we contact? Yes No

2. Current/Last employer: _____ Employment dates: _____
 Type of business: _____ Job title: _____
 Address: _____ Salary: Starting _____
 _____ Ending _____
 Supervisor's name: _____ Reason for leaving: _____
 Duties/Responsibilities: _____ Phone number: () _____
 _____ May we contact? Yes No

3. Current/Last employer: _____ Employment dates: _____
 Type of business: _____ Job title: _____
 Address: _____ Salary: Starting _____
 _____ Ending _____
 Supervisor's name: _____ Reason for leaving: _____
 Duties/Responsibilities: _____ Phone number: () _____
 _____ May we contact? Yes No

4. Current/Last employer: _____ Employment dates: _____
 Type of business: _____ Job title: _____
 Address: _____ Salary: Starting _____
 _____ Ending _____
 Supervisor's name: _____ Reason for leaving: _____
 Duties/Responsibilities: _____ Phone number: () _____
 _____ May we contact? Yes No

REFERENCES

Personal References: Give the names and addresses of two individuals, not related, who know you well to whom we may refer.

1. Name and address: _____

 Phone number: () _____ ext. _____ Occupation: _____
 Years acquainted: _____ How do you know this individual? _____

2. Name and address: _____

 Phone number: () _____ ext. _____ Occupation: _____
 Years acquainted: _____ How do you know this individual? _____

APPLICANT'S STATEMENT

READ CAREFULLY BEFORE SIGNING:

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize Trinity Heights United Methodist Church, its Staff-Parish Relations Committee and/or its agents to contact my previous employers, schools I attended, personal references I have listed and to make any investigations of my personal, financial and credit background for the purpose of evaluating my qualifications for employment. I further understand that as a qualification for my employment I may be required to be fingerprinted, and be qualified to work under the Good Shepherd policies and procedures. This authorization extends for one (1) year from the date of this employment.

My signature certifies that I have read and agree with the above statements.

Signature of Applicant

Date