

# APPLICATION FOR EMPLOYMENT

Please fill out form completely for employment consideration. Return to the office in person, by mail (to First United Methodist Church at 411 Second Street, Natchitoches, LA 71457) or via email to office@fumcnla.org

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address		Are you legally entitled to work in the U.S.? Yes No	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?		<input type="checkbox"/> No <input type="checkbox"/> Yes, please explain.	

## POSITION

Position or Type of Employment Desired	Will Accept: Part-Time Full-Time Temporary	Shift: Day Evening Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No		
Salary Desired	Date Available	

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No  
If no, list the highest grade completed

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify )			
	From			Yes		
	To			No		
	From			Yes		
	To			No		
	From			Yes		
	To			No		
	From			Yes		
	To			No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

**WORK EXPERIENCE** (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number (    )    -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number (    )    -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number (    )    -	From (Month/Year)
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Address		
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Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No

**REFERENCES** (Please provide names and contact info for three (3) persons not related to you, whom you have known at least one year.)

NAME	PHONE	ADDRESS	YEARS ACQUAINTED

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_