



450 Martin Luther King Jr. Ave.
Lakeland, FL 38815
863.688.5563

Application for Employment

Part 1 – Equal Opportunity Statement [Read or have read to you.]

The Florida Conference of the United Methodist Church is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Part 2 – Personal Information [To be completed by the applicant. Please print.]

Today's Date: _____ Your Social Security Number: _____

Applicant's Name: _____
First Middle Initial Last

Home Address: _____
House Number, Street, Apartment Number

City State Zip

Phone Number: _____
Home (include area code) Business (include area code)

If hired, can you furnish proof
you are eligible to work in the U.S.? ☐ Yes ☐ No

Have you ever applied here before? ☐ Yes ☐ No If yes, when? _____

Were you ever employed here? ☐ Yes ☐ No If yes, when? _____

Have you been convicted of any law violation
(except a minor traffic violation)? If yes, please explain: ☐ Yes ☐ No

A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered.

Continued on next page

Part 3 – Information About the Position for Which You Are Applying [To be completed by the applicant.]

When can you start? _____

Position Title: _____ Salary Requirement: _____

How did you hear of the position? _____

If an employee referred you to us, please provide his or her name: _____

What type of employment are you seeking? ☐ Full Time ☐ Part Time ☐ Temporary

Part 4 – Educational Background [To be completed by the applicant.]**High School:**

Name	Street Address	City	State	Zip
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Years Completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Undergraduate College:

Name	Street Address	City	State	Zip
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Degree(s) Earned: _____

Subjects Studied in College: _____

Graduate College:

Name	Street Address	City	State	Zip
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Degree(s) Earned: _____

Subjects Studied in Grad School: _____

Business/Technical School:

Name	Street Address	City	State	Zip
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Degree(s) and/or Certifications Earned: _____

Subjects Studied in Business/Technical School: _____

Part 5 – Your Special Skills [To be completed by the applicant.]

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

Part 5, Continued - Special Skills For Driving Jobs Only

Do you have a valid driver's license?

☐ Yes☐ No

Driver's License Number: _____

Class of License: _____

Have you had your driver's license suspended or revoked in the last three years?

☐ Yes☐ No

If yes, give details: _____

Part 6 –References [To be completed by the applicant.]Are you presently employed? ☐ Yes ☐ No

May we contact your present employer?

☐ Yes☐ NoHave you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain below:

Have you worked or attended school under any other names?

☐ Yes☐ No

If yes, give names: _____

Business References (Give three references, not relatives or former employers.)			
Name	Address	Work Phone #	Home Phone #

Work History: List names of employers with present or last employer listed first. Account for all periods of time, including military service and any period of unemployment. If self-employed, give firm name and supply business references. Provide telephone numbers and names of individuals to contact.		
Employer:	From:	Your Title:
Supervisor:	To:	Salary:
Address:		Phone #
Employer:	From:	Your Title:
Supervisor:	To:	Salary:
Address:		Phone #
Employer:	From:	Your Title:
Supervisor:	To:	Salary:
Address:		Phone #
Employer:	From:	Your Title:
Supervisor:	To:	Salary:
Address:		Phone #
Employer:	From:	Your Title:
Supervisor:	To:	Salary:
Address:		Phone #

Part # – Affidavit [To be completed by the applicant.]

Read each statement carefully (or have read to you) and sign.

- **Truthfulness—I certify** that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- **Consumer Report—I understand** that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.
- **Investigation—I authorize** the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, and organizations from any legal liability in making such statements.
- **Medical Information—I understand** that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.
- **Drug Screening—I understand** that I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as condition of employment, if required.
- **Not a Contract—I understand** that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I understand that the first ninety (90) days of my employment is my new hire introductory period.

Applicant's Signature: _____ Date: _____

This application for employment will remain active for a limited time.