

POLK STREET METHODIST CHURCH

JOB APPLICATION



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for PSMC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have any physical, mental, or medical impairment or disability that would limit your job performance in the job for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been convicted of any crime other than a traffic violation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS)	
Full Name	Relationship
Length of time known	Phone ()
Address	
Full Name	Relationship
Length of time known	Phone ()
Address	
Full Name	Relationship
Length of time known	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.</p> <p>I am willing to support the Policies of Polk Street Methodist Church, to adhere to them to the best of my ability, and to represent the church in a positive and helpful way.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK
AUTHORIZATION/WAIVER/INDEMNITY**

I, the undersigned, hereby give my permission to Polk Street Methodist Church to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by Polk Street Methodist Church and a procedure will be made available for clarification if I dispute the record received, however, neither the transcript nor a copy of it will be furnished for me.

I, the undersigned, do for myself, my heirs, executors and administrators hereby remise, release and forever discharge and agree to indemnify Polk Street Methodist Church and each of their officers, directors, employees, and agents and hold them harmless from and against money, claims and demands whatsoever and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Signature of Applicant

Date

Information Sheet for Criminal Background History Check

**PLEASE PRINT ALL INFORMATION AND RETURN TO THE
POLK STREET METHODIST CHURCH OFFICE**

First Name: _____

Middle Name (Optional): _____

Last Name: _____

Maiden Name (Optional): _____

Social Security #: _____

Current Address: _____

City: _____ County: _____

State: _____ Zip: _____

Phone: _____ Birthday (mm/dd/yyyy): _____

List two most recent addresses:

Address: _____ City: _____

State: _____ Zip: _____

Address: _____ City: _____

State: _____ Zip: _____