

**First United Methodist Church**  
**604 Market Street**  
**Williamsport, PA 17701**  
*www.firstchurch.cc*

**APPLICATION FOR EMPLOYMENT**

We consider applicants for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**PERSONAL DATA**

Position for which applied:			Date of Application:
Last Name	First Name	Middle Initial	Phone
Street Address			
City, State, Zip			Email
Are you legally eligible for employment in the United States? ____yes ____no			
Do you have a regular means of transportation? ____yes ____no			

**EDUCATION & TRAINING**

School Name & Address	Jr./Sr. High School	Undergraduate College/University	Graduate/Professional	Trade/Technical
Years Completed	8 9 10 11 12	1 2 3 4	1 2 3 4	
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Equipment you can operate or special skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT** – List below all present and past employment, starting with your most recent.

<p>Dates From: To: May we contact? Yes No Reason _____ _____ _____ _____</p>	<p>Name of Employer:  Street Address:  City State Zip  Phone:  Supervisor:</p>	<p>Position or Title:  Describe Your Duties:  Reason for leaving:</p>
<p>Dates From: To: May we contact? Yes No Reason _____ _____ _____ _____</p>	<p>Name of Employer:  Street Address:  City State Zip  Phone:  Supervisor:</p>	<p>Position or Title:  Describe Your Duties:  Reason for leaving:</p>
<p>Dates From: To: May we contact? Yes No Reason _____ _____ _____ _____</p>	<p>Name of Employer:  Street Address:  City State Zip  Phone:  Supervisor:</p>	<p>Position or Title:  Describe Your Duties:  Reason for leaving:</p>
<p>Dates From: To: May we contact? Yes No Reason _____ _____ _____ _____</p>	<p>Name of Employer:  Street Address:  City State Zip  Phone:  Supervisor:</p>	<p>Position or Title:  Describe Your Duties:  Reason for leaving:</p>

**VOLUNTEER EXPERIENCE**

<p>Dates From: To: May we contact? Yes No Reason _____ _____ _____ _____</p>	<p>Agency:  Street Address:  City State Zip  Phone:  Supervisor:</p>	<p>Position or Title:  Describe Your Duties:</p>
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First United Methodist Church may contact employers listed above unless indication is given otherwise.

**COMPLETE THIS SECTION IF YOU HAVE SERVED IN THE U.S. ARMED FORCES.**

Branch of Service	Describe your duties and any special training
Period of Active Duty (month & year)	
Date of Final Discharge	

Professional Registration/Certification (If applicable to position for which applied)	License/Certification No. (such as Class IV license)	State or Agency
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Positions that require special registration or certification – Proof of above will be required upon hire.

All positions at First Church require a completed PA Child Abuse History Clearance form CY-113 and a completed PA Request for Criminal Record Check SP 4-164 and FBI fingerprint/criminal record check. (Clearances MUST be submitted with application.)

List professional, trade, business or civic activities and offices held.

You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

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Please add any information you feel would be beneficial to First United Methodist Church in evaluating you application:

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**REFERENCES**

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have not knowingly withheld any facts or circumstances that would detrimentally affect this application. It is agreed that any misrepresentation by me in this application will be sufficient cause for cancellation or for dismissal from service if I am employed.

I hereby authorize First United Methodist Church to contact my former employers or volunteer agencies unless otherwise indicated to make inquiries regarding my work record, and/or to contact listed schools for the release of records and transcripts.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_