## **JOB APPLICATION**

## Church of the Cross United Methodist 3121 Wilmington Pike, Kettering, Ohio 45429 (937) 293-5217

Church of the Cross United Methodist is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the church office.

Please fill out all of the sections below.

Applicant Information			
Applicant Name:			
Address:			
City, State, and Zip Code:			
Telephone Number:			
E-mail Address:			
Date of Application:			
Employment Position			
Position(s) for which you are applying:			
How did you hear about the position(s)?			
On what date can you start working if you	are hired?		
Do you have reliable transportation to and			
Personal Information			
Are you 18 years of age or older?	Yes	No	
Are you a U.S. citizen or approved to work	in the United States?	Yes	No
What document can you provide as proof	of citizenship or legal status?		
Do you have any condition which would re If yes, please describe the accommodation	• •	Yes	No
(Note: Church of the Cross United Methodist of necessary for eligible applicants/employees to		neasures that may	y be
Have you ever been convicted of a crimina	` •		No
If yes, please state the nature of the crime case(s).		disposition of th	ne 

[Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense; the nature of the offense, including any significant details; the surrounding circumstances; and the relevance of the offense to the position(s) sought may, however, be considered.]

Job Skills/Qualifications	ue .			
Please list below the skills and o	qualifications you possess t	or the position(s) for	or which you are a	pplying.
Education and Training		<u> </u>		
Education and Training				
High School				Diploma
Name	Location (City, State)	Years Attended	Graduation Year	Earned
College/University			T	T
Name	Location (City, State)	Years Attended	Graduation Year	Degree Earned
Vocational School/Specializ	zed Training			1
Name	Location (City, State)	Years Attended	Graduation Year	Degree Earned
Military:				
Are you, or have you ever be In which branch of the milita		med Services?		
What was your military rank				
How many years did you se				
Previous Employment (Plea	ase list current or most	recent position	first)	
Employer Name:				
Job Title:				
Supervisor name:		<del> </del>		
Employer address:				
City, State, and Zip Code:				
Employer Telephone:				
Dates Employed:				
Reason for leaving:				
Employer Name:				
Job Title:				
Supervisor name:				
Employer address:				
City, State, and Zip Code:				
Employer Telephone:				
Dates Employed:				
Reason for leaving:				

Employer Name:  Job Title:  Supervisor name:  Employer address:  City, State, and Zip Code:  Employer Telephone:  Dates Employed:  Reason for leaving:  References  Please provide three (3) person		nal references below:			
Reference Name		Contact Information			
Authorization  I certify that the statements contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.  I authorize investigation of all statements contained herein. I also authorize references and employers listed above to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Church of the Cross from all liability for any damage that may result from utilization of such information.  I also understand and agree that no representative of Church of the Cross has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative of Church of the Cross.					
Signature of Applicant		Date			