

Lebanon First United Methodist Church Employment Application

415 West Main St., Lebanon TN 37087, 615-444-3315, Fax 615-444-3385, www.lebanonfumc.com

		Date of A	opplication, 20
			Month/Day
PLEASE PRINT LEGIBLY			
Name you prefer to be called	Social Security Number		
		Drivers License No	
Name			
Last		First	MI
Address			
Number		Street	Apt.
City	State		Zip Code
Home Telephone ()		Cell phone()	
Area Code	Phone Number	Area Code	Phone Number
How were you referred to Leba	anon First United Method	list Church	
Hava van provionsky warked fa	r Labanan First United M	athedist Church Vos	No
Have you previously worked fo	r Lebanon First United IV	ethodist Church Yes	NO
If Yes, specify position(s) and d	ate(s)		
Do you have any relatives emp	loyed by Lebanon First U	nited Methodist Church	Yes No
	•		
If Yes, specify name(s) and dep	artment(s)		
Type of position desired		F-TP-T Date	available
Salary Required \$ pe	r Are yo	u willing to travel if required?	? Yes No
Are there any days or hours yo	u would be <u>unwilling</u> to v	vork?YesN	o If yes, specify

NOTE: You may attach a supplemental resume or reference letters, however, all requested information on this application must be completed. This application will be given every consideration, but its receipt does not imply that you will be hired.

Please list your most recent haid nosition	first. You may attach a separate sheet describing v	volunteer			
assignments.					
Firm	Job Title				
Address					
Date Started Date of Termin	ation Reason for Leaving				
Supervisor's Name & Position	Phone Number				
Beginning Salary \$ Endin	g Salary \$ Your Responsibilities				
Eirm	loh Titlo				
Firm	Job Title				
Address					
Date Started Date of Termin	ation Reason for Leaving				
Supervisor's Name & Position	Phone Number				
	g Salary \$ Your Responsibilities				
Ending	g suidi y \$\frac{1}{2} \tag{10a} \tag{10a} \tag{10a}				
Firm	Job Title				
Address					
	ation Reason for Leaving				
Supervisor's Name & Position	Phone Number				
Beginning Salary \$ Endin	g Salary \$ Your Responsibilities				

	Name & Address of School	Gradu	ated	Date A	ttended	Degree Earned & Major Field of Study
		Yes	No	From	То	
High School						
College						
Graduate School						
Other (Business, Trade)						
List Professional Licen	se/Certification:					
Have you been arreste	ties, Memberships, and Offied, convicted of a crime others	er than a	a mino	r traffic v	iolation,	or pleaded <i>nolo contendere</i> in a
U.S. Milit	ary Service	Branc	h	Fin	al Rank	Major Duties
Period (of Service					
From	_ То					
Are you over 18 year	s of age?Yes	No				
Are you a citizen of the	he U.S. or do you have the l	egal righ	nt to be	e employ	ed in the	U.S.?Yes No
Please complete the	information below, if applic	able.				
Typing speed (wpm)						
ComputerY	es No Software _					
GraphicsY	es No Software _					
Other (Please describ	oe)					

Tennessee is known as an **"EMPLOYMENT-AT-WILL"** state.

All employees are at will. This means that you and FUMC are free to terminate the employment relationship at any time without notice, for any reason or for no reason.

Give Three references, NOT RELATIVES, who have known you at least two years

Name	Address	Phone	Occupation
	Agı	reement	
ndependent investigat criminal or police recor and all public records f volunteer form(s), and,	loyment or volunteering, ar ion of my background, refe ds, and credit history, inclu- or the purpose of confirmin for obtaining other informat lunteer now and, if applicat	nd the Church Busing rences, character, public ding those by both g the information co tion which may be i	horize our church Pastor in the less Administrator, to make an east employment, education, public and private organizations ontained on my application or material to my qualifications for the of my employment or as a
my application is true a in support of my applic of employment, should history, experience, an and I authorize them to	and complete. I understand ation are likely to subject m I I be hired. I authorize LFUN d education with the approp o release records or summan disclosure. I will hold LFUMO	that false informatine to immediate dis MC to verify any and priate individuals, conies thereof withou	nited Methodist Church in support of on and omissions, in whole or in par- charge at any time during the period d all information concerning my wor ompanies, institutions or agencies, t any obligation to provide me or entities harmless from any liabilit
The following is r f my knowledge:	ny true and complete legal	name and all inform	mation is true and correct to the bes
Please print your name			
Signature			Date