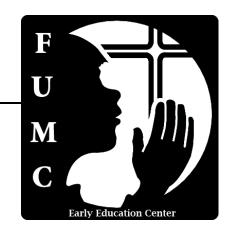


# EMPLOYMENT APPLICATION

### FIRST UNITED METHODIST CHURCH 1750 Twentieth Street Vero Beach, FL 32960 772-562-1900 www.verobeachfumc.org



Your name								
Mailing address								
CityCounty	County		State			Zip code		
Home phoneCell	phone			Off	ice phone			
E-mail address								
EDUCATION								
Check highest grade completed 1	2 3	4 5 6	5 7	8	9 10	11	12	
Name of high school		Locatio	n of hig	gh scho	ool			
Received diploma Yes No Other								
If you did not complete high school, do you	have a high	h school equi	valency	diplor	na?	Yes	No	
Check number of years of post high school	education	1 2	3	4	5 6	7		
Post High School Education Attended	Credit	Degree				Dates	Attended	
Name of School and Location	Hours	Received	Majo	or	Minor	То	From	
Your name, if different while attending high	n school							
Your name, if different while attending grad	duate/post g	raduate schoo	ol					
Job Related Training or Coursework	Credit			Coı	npleted	Dates	Attended	
Name of School and Location	Hours	Course of	Study	Yes	No	То	From	

**EXPERIENCE** - Use supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?

Address	Phone
Type of business	Job title
mmediate supervisor	Title_
Full-time Part-time Hours/V Duties	eek Starting salaryEnding salary
	TE OF EMPLOYMENTsed
Equipment used	
Your name if different from present _	
Name of present employer or last	nployer
Address	PhonePhone
Type of business	Job title
Immediate supervisor	Title
Full-time Part-time Hours/\ Outies	TitleeekStarting salaryEnding salary
	TE OF EMPLOYMENTsed
Equipment used	
Squipment abou	
Your name if different from present _	
Tour name if different from present _	

Name	Address	Phone	Relationship

#### **BACKGROUND INFORMATION**

Have you ever been convicted of a felony or a first degree misdemeanor? If "Yes", what charges?	Yes	No
If "Yes", what charges? Date of Con	viction	
Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a	n first degree mi Yes	sdemeanor?
If "Yes", what charges?	103	110
Where? Date		
Have you ever had the adjudication of guilt withheld for a crime which is a felony	or misdemeano	r?
If "Vos" what abargas?	Yes	No
If "Yes", what charges?		
where:Bate		
NOTE: A "YES" answer to these questions will not automatically bar you from er relatedness, severity and date of the offense in relation to the position for you are a		
CITIZENSHIP		
The State of Florida hires only U.S. citizens and lawfully authorized alien workers employment is made, you will be required to provide identification and proof of citwork in the U.S.		
Are you a U.S. citizen or are you legally authorized to work in the U.S.?	Yes	No
RELATIVES		
To your knowledge, do you have any relatives working at FUMC or the EEC?	Yes	No
SELECTIVE SERVICE REGISTRATION		
All males between the ages of 18 and 26 must be registered with the Selective Serv	vice System or o	exempted.
If you are a male between the ages of 18 and 26, do you have proof of registration	with the selecti	ve service
system or exemption from such registration?	Yes	No
FAITH		
Do you profess a belief in Jesus Christ as your personal Lord and Savior? What Church do you attend?	Yes	No
How often do you attend?		
Your pastor's name and phone number?		
May we contact him?	Yes	No
Do you believe you possess strong Christian character and values?	Yes	No

# KNOWLEDGE, SKILLS AND ABILITIES (KSAs)

List KSAs you possess and believe relev	ant to the pos	sition von seek		
		sition you seek.		
LICENSURE, REGISTRATION AND	CERTIFICA	ATION - Examples	: Driver's License, T	Teacher
Certification, RN, LPN, PE, CPA, etc.				
License, Registration, and Certification	Number	Date Received	Expiration Date	Licensing Agency
			r	
CERTIFICATION				
I am aware that any omissions, falsification				
application and its attachments may disq grounds for termination at a later date. I				
verification and I consent to criminal his				
my ability, employment history, and fitne				
and other individuals and organizations t First United Methodist Church of Vero E				
Church of Vero Beach. This consent sha		•		
certify that to the best of my knowledge	and belief all			
are true, correct, complete, and made in §	good faith.			
Name			Social Security Num	ber
Signature				ate
SUPPLEMENTARY PAGES				
Additional pages attached:			Ye	s No
Number of additional background experi	ence pages a	ttached:		
Number of other pages attached:				

## SUPPLEMENTARY EXPERIENCE FORM

3 Name of present employer or last employer				
Address			Phone	
Type of business		Job title	_	
Immediate supervisor				
Full-time Part-time Hours/Week	Starting salary _		Ending salary	
Duties				
STARTING DATE AND ENDING DATE OF EMP	PLOYMENT			
Number and titles of employees supervised				
Equipment used				
Your name if different from present				
Name of present employer or last employer				
Address				
Type of business				
Immediate supervisor	Ctantin a salamy	1111e_	Ending colony	
Full-time Part-time Hours/Week			Ending salary	
Duties				
	DI OVMENIT			
STARTING DATE AND ENDING DATE OF EMP				
Number and titles of employees supervised				
Equipment used				
Equipment used				
Your name if different from present				
Tour name it different from present				
5 Name of present employer or last employer				
Address				
Type of business				
Immediate supervisor				
Full-time Part-time Hours/Week				
Duties				
STARTING DATE AND ENDING DATE OF EMP	PLOYMENT			
Number and titles of employees supervised				
2 2 2				
Equipment used				
Your name if different from present				
Tour name if different from present				

## SUPPLEMENTARY EXPERIENCE FORM

Name of present employer or last employer			
Address			_Phone
Type of business			
Immediate supervisor			
Full-time Part-time Hours/Week Duties	Starting salary _		Ending salary
STARTING DATE AND ENDING DATE OF EMPORTMENT AND ENDING DATE OF EMP			
Equipment used			
Your name if different from present			
Name of present employer or last employer			
Address			
Type of business			
Immediate supervisor	C4 - #4: 1	11tle_	To English and
Full-time Part-time Hours/Week Duties			Ending salary
STARTING DATE AND ENDING DATE OF EMINUMBER and titles of employees supervised  Equipment used			
Your name if different from present			
Name of present employer or last employer Address Type of business			_Phone
Immediate supervisor  Full-time Part-time Hours/Week	Starting salary _		
Duties			
STARTING DATE AND ENDING DATE OF EMPONENT AND ENDING DATE			
Equipment used			
Your name if different from present			