



Methodist Children's Center
First United Methodist Church of Cary
117 South Academy Street
Cary, North Carolina 27511
Phone: 467-0809

Application for Employment

Position applied for: _____

Applying for Full-Time Part-Time Temporary Specific Shift

Date Available: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Telephone: Home () - _____ When we can reach you at this number? _____ am/pm
Other () - _____ Email: _____

In case of emergency, please contact: _____
Phone: () - _____

Are you legally eligible to work in the United States? Yes No

Are you over 18 years of age? Yes No
(Employment is subject to verification of minimum legal age)

Complete only if driving is a job requirements:

Do you have a valid driver's license? Yes No

License Number: _____ State: _____

Have you filed an application at Methodist Children's Center before? Yes No

Have you been employed by Methodist Children's Center before? Yes No

Name of any relative employed by Methodist Children's Center: _____

What prompted your application? _____

Complete Education Record

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate Level: 1 2 3 4

School	Name and Location of School	Highest Grade Completed	Did you Graduate?	Major/Minor	Degree Received
High School				N/A	N/A
College(s) or University					
Graduate School(s)					
Business / Trade School					
Other Education					
Internships, Etc.				N/A	N/A

List other specific skills, honors, and awards: _____

List memberships in job-related organizations or associations: _____

List training programs and/or seminars you have completed in the last four years: _____

List computer programs, including network procedures, you are proficient in using: _____

Employment History – Starting with most recent		
Employer:	Employed From :	To:
Address:	Supervisor Name:	

Phone:	Hours worked / week:	Starting Salary:
Job Title / Position:	Last Salary:	
Primary Duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Phone:	
Reason for Leaving?		
Employer:	Employed From :	To:
Address:	Supervisor:	
Phone:	Hours worked / week:	Starting Salary:
Position:	Last Salary:	
Primary Duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Phone:	
Reason for Leaving?		
Employer:	Employed From :	To:
Address:	Supervisor:	
Phone:	Hours worked / week:	Starting Salary:
Position:	Last Salary:	
Primary Duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Phone:	

Reason for Leaving?

Use additional sheets if necessary.

Professional References		
Name	Places of Employment / Title	Phone

Personal Data

No. of days missed on last job during past year? _____

Explain: _____

Have you ever been convicted of a felony or misdemeanor? (Other than a traffic violation)

Yes No

If yes, explain: _____

Note: Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work applied for. However, false statement or withholding information will result in your being barred from appointment or removal from employment.

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsification of this information is grounds for disqualification or dismissal from employment. If I accept employment with Methodist Children's Center, I will not do so in reliance of any representations that is not made in writing. I hereby authorize Methodist Children's Center, to investigate my past and present work, character, education, military and police records to ascertain any and all information that may be pertinent to my employment qualifications. The release in a manner of any and all information is authorized whether such information is of record or not. I do hereby release all persons, firms, agencies or companies from any and all damages resulting from furnishing such information. In consideration of my employment, I agree to conform to the rules, regulations and policies that the company may periodically promulgate, withdraw or modify. I understand that work schedules and duties may be modified from time to time at the discretion of the company and that alternate position functions and/or positions may be assigned. I understand that I am required upon employment to serve a probationary period and if my performance is deemed unsatisfactory, I may be

terminated at any time. If hired, I will submit the documentation necessary to verify my eligibility for employment.

Applicant Signature: _____ Date: _____