

## UNITED METHODIST COMMUNICATIONS EMPLOYMENT APPLICATION

(PLEASE PRINT OR TYPE IN BLACK INK)

LAST NAME		FIRST NAME		MIDDLE NAME		POSITION APPLIED FOR OR TYPE OF WORK DESIRED:				
STREET ADDRESS			CITY	STATE	ZIP CODE	APPLYING FOR FULL-TIME		[ ] PART-TIME/TEMP		
							SALARY EXPECTED: \$			
SOCIAL SECURITY NUMBER		IF NOT U.S. CITIZEN, DO YOU HAVE AUTHORIZATION TO ACCEPT EMPLOYMENT IN U.S.?		Y / N	HM PH:	WK PH:	WHO REFERRED YOU?			
					CELL PHONE:					
DO YOU HAVE ANY PHYSICAL CONDITION THAT WOULD LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? COMMENT:					NAMES OF RELATIVES WORKING AT UMCOM (INDICATE RELATIONSHIP)					
EVER WORK HERE BEFORE?		APPLY?	WHEN?	DATE AVAILABLE FOR WORK:			WOULD YOU RELOCATE WITHIN U.S.?			
I HAVE HAD <b>EXPERIENCE OR TRAINING</b> AS CHECKED BELOW:										
[ ] WRITING / EDITING		[ ] ART & DESIGN		[ ] SUPERVISION		[ ] BOOKKEEPING / ACCOUNTING		[ ] PRINTING		
[ ] PRODUCING & DIRECTING		[ ] MARKETING		[ ] MANAGEMENT		[ ] SECRETARIAL		[ ] PHOTOGRAPHY		
[ ] MEDIA PRODUCTION TECHNICAL		[ ] COMPUTER		[ ] CLERICAL		[ ] DATA ENTRY		[ ] TYPING / SPEED		
[ ] OTHER		LANGUAGES YOU READ, SPEAK OR WRITE FLUENTLY:								
<b>EDUCATION</b>	NAME OF SCHOOL	CITY AND STATE		YEAR COMPLETED	CIRCLE YEAR COMPLETED	INDICATE DIPLOMA OR TYPE OF DEGREE		MAJOR(S)	MINOR(S)	AVERAGE GRADE
ELEM. AND HIGH SCHOOL					6 7 8 9 10 11 12 GED					
COLLEGE					13 14 15 16					
OTHER										
OTHER										
SCHOOL HONORS AND AWARDS:				SCHOOL ACTIVITIES PARTICIPATED IN AND OFFICES HELD:						
<b>U.S. MILITARY SERVICE</b>	BRANCH	DATES (FROM-TO)	OCCUPATIONAL SPECIALTY	RANK	Have you been convicted of a felony? { } Yes or { } No					
LIST <b>PRESENT AND PAST EMPLOYMENT</b> BEGINNING WITH YOUR LAST POSITION HELD (WRITE ON THE BACK OF THIS SHEET IF MORE SPACE IS NEEDED.)										
	FROM MO / YR	TO MO / YR	NAME OF COMPANY AND ADDRESS	NAME OF SUPERVISOR	SALARY	PER	WHAT DID YOU DO?	WHY DID YOU LEAVE		
1				PHONE:						
2				PHONE:						
3				PHONE:						
<b>PERSONAL REFERENCES</b>	1	NAME, OCCUPATION			The answers given herein are true and correct to the best of my knowledge. I hereby authorize this company to contact my schools and previous employers for reference information to be held in strict confidence and hereby release the individuals connected therewith from all liability. My present employer [ ] may or [ ] may not be contacted. <b>DATE:</b> <b>SIGNED:</b>					
		ADDRESS								
	2	NAME, OCCUPATION								
		ADDRESS								

Federal and State Civil Rights Acts prohibits discrimination on the basis of race, color, religion, sex, age, national origin or handicapping condition.

Form A/6

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