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: CELL PHONE:	WHO REFERRED YOU?
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 **EXPERIENCE OR TRAINING** 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:			

EDUCATION	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:

U.S. MILITARY SERVICE	BRANCH	DATES (FROM-TO)	OCCUPATIONAL SPECIALTY RANK	Have you been convicted of a felony? { } Yes or { } No

LIST **PRESENT AND PAST EMPLOYMENT** 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:				

PERSONAL REFERENCES			
	1	NAME, OCCUPATION	
		ADDRESS	PHONE
	2	NAME, OCCUPATION	
		ADDRESS	PHONE

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.

DATE: **SIGNED:**

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
6/01