



# EMPLOYMENT APPLICATION

FIRST UNITED METHODIST CHURCH  
 1750 Twentieth Street  
 Vero Beach, FL 32960  
 772-562-1900  
[www.verobeachfumc.org](http://www.verobeachfumc.org)



Your name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Office phone \_\_\_\_\_

E-mail address \_\_\_\_\_

## EDUCATION

Check highest grade completed    1    2    3    4    5    6    7    8    9    10    11    12

Name of high school \_\_\_\_\_ Location of high school \_\_\_\_\_

Received diploma    Yes    No    Other \_\_\_\_\_

If you did not complete high school, do you have a high school equivalency diploma?    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	Major	Minor	To	From

Your name, if different while attending high school \_\_\_\_\_

Your name, if different while attending graduate/post graduate school \_\_\_\_\_

Job Related Training or Coursework	Credit		Completed		Dates Attended	
Name of School and Location	Hours	Course of Study	Yes	No	To	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? Yes No

**1** Name of present employer or last employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_ Job title \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_  
 Full-time Part-time Hours/Week \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Number and titles of employees supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

**2** Name of present employer or last employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_ Job title \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_  
 Full-time Part-time Hours/Week \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Number and titles of employees supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

**REFERENCES** - List names, addresses and relationships of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship

## BACKGROUND INFORMATION

Have you ever been convicted of a felony or a first degree misdemeanor?	Yes	No
If "Yes", what charges? _____		
Where convicted? _____ Date of Conviction _____		
Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first degree misdemeanor?	Yes	No
If "Yes", what charges? _____		
Where? _____ Date _____		
Have you ever had the adjudication of guilt withheld for a crime which is a felony or misdemeanor?	Yes	No
If "Yes", what charges? _____		
Where? _____ Date _____		

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for you are applying to be considered.

## CITIZENSHIP

The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Are you a U.S. citizen or are you legally authorized to work in the U.S.?	Yes	No
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## RELATIVES

To your knowledge, do you have any relatives working at FUMC or the EEC?	Yes	No
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## SELECTIVE SERVICE REGISTRATION

All males between the ages of 18 and 26 must be registered with the Selective Service System or exempted.

If you are a male between the ages of 18 and 26, do you have proof of registration with the selective service system or exemption from such registration?	Yes	No
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## FAITH

Do you profess a belief in Jesus Christ as your personal Lord and Savior?	Yes	No
What Church do you attend? _____		
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 relevant to the position you seek:

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**LICENSURE, REGISTRATION AND CERTIFICATION** - *Examples: Driver’s License, Teacher Certification, RN, LPN, PE, CPA, etc.*

License, Registration, and Certification	Number	Date Received	Expiration Date	Licensing Agency

**CERTIFICATION**

I am aware that any omissions, falsifications, misstatements or misrepresentations on this employment application and its attachments may disqualify me for employment consideration, and, if I am hired, may be grounds for termination at a later date. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized personnel of the First United Methodist Church of Vero Beach and the Early Education Center of the First United Methodist Church of Vero Beach. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUPPLEMENTARY PAGES**

Additional pages attached:	Yes	No
Number of additional background experience pages attached: _____		
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 \_\_\_\_\_ Title \_\_\_\_\_  
Full-time    Part-time    Hours/Week \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number and titles of employees supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

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Full-time    Part-time    Hours/Week \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Duties \_\_\_\_\_  
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Number and titles of employees supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
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Type of business \_\_\_\_\_ Job title \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Full-time    Part-time    Hours/Week \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Duties \_\_\_\_\_  
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Number and titles of employees supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

**SUPPLEMENTARY EXPERIENCE FORM**

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Type of business \_\_\_\_\_ Job title \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Full-time    Part-time    Hours/Week \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Duties \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
Number and titles of employees supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

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Address \_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_ Job title \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Full-time    Part-time    Hours/Week \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
Number and titles of employees supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

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Type of business \_\_\_\_\_ Job title \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Full-time    Part-time    Hours/Week \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Duties \_\_\_\_\_  
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Your name if different from present \_\_\_\_\_