

**MCFARLIN MEMORIAL UNITED METHODIST CHURCH  
NORMAN, OKLAHOMA**

**APPLICATION FOR EMPLOYMENT**

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, sexual preference, physical or mental handicap, veterans status and citizenship status. The acceptance of this application does not mean that job openings exist and it does not obligate us in any way. We appreciate your interest in our organization.

If additional space is needed to complete any part of this application please attach additional sheets of paper. PLEASE PRINT OR TYPE ALL INFORMATION.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present address \_\_\_\_\_

No. Street City County State Zip  
How long have you lived at this address? \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Social networking addresses (Facebook, MySpace, etc.) \_\_\_\_\_

Previous address \_\_\_\_\_

No. Street City County State Zip  
How long did you live there? \_\_\_\_\_ Are you a citizen of the United States? \_\_\_\_\_

If not a citizen can you provide proof that you can legally be employed in the U.S.? \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ If no, employment is subject to verification that you are of minimum legal age.

Driver's license issued by State of \_\_\_\_\_ License number \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Position applying for \_\_\_\_\_ Date available for work \_\_\_\_\_

Have you ever applied for a position with us before? \_\_\_\_\_ Have you ever worked for us before? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Have you ever been refused bond? \_\_\_\_\_ If yes, state reason and date \_\_\_\_\_

Have you ever been convicted of any crime other than a minor traffic violation? \_\_\_\_\_ If yes, state date, court and place where offense occurred \_\_\_\_\_

Has your driver's license ever been revoked or suspended? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Has a state board that licenses business or professions ever licensed you? \_\_\_\_\_ If yes, what board? \_\_\_\_\_

If yes, has this license ever been revoked or suspended? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever been discharged or requested to resign from a position? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Does your present employer know of your plans to change employment? \_\_\_\_\_ Why do you desire to make a change? \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material)? \_\_\_\_\_

If yes, state date(s) and explain circumstances \_\_\_\_\_

Have you ever held a position working with children (if applying for such a position)? \_\_\_\_\_

If yes, state dates and explain circumstances \_\_\_\_\_

How much time have you lost from work during this past year? \_\_\_\_\_

Do you have any personal responsibilities or problems that may affect your daily attendance? \_\_\_\_\_ If yes, explain \_\_\_\_\_

### EDUCATION INFORMATION

Schooling	Years Attended	Degree or Major Subject	Name of School	Location	Did You Graduate?
High School					
Vocational					
College					
Graduate School					

Describe any other specialized or professional training. \_\_\_\_\_

If you are presently enrolled in school, what are you studying? \_\_\_\_\_

### CHURCH AFFILIATION

Please list your church membership(s) over the past five years:

Current Church \_\_\_\_\_ Dates attended \_\_\_\_\_ City/State \_\_\_\_\_ Phone# \_\_\_\_\_

Previous Church \_\_\_\_\_ Dates attended \_\_\_\_\_ City/State \_\_\_\_\_ Phone# \_\_\_\_\_

Previous Church \_\_\_\_\_ Dates attended \_\_\_\_\_ City/State \_\_\_\_\_ Phone# \_\_\_\_\_

**PRIOR WORK RECORD (Start with most recent or present employer)**

1. Name of Most Recent Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Name & Position of Immediate Supervisor \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Your Position or Title \_\_\_\_\_ Starting Rate\$ \_\_\_\_\_ Ending Rate\$ \_\_\_\_\_  
Describe Your Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Name & Position of Immediate Supervisor \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Your Position or Title \_\_\_\_\_ Starting Rate\$ \_\_\_\_\_ Ending Rate\$ \_\_\_\_\_  
Describe Your Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Name & Position of Immediate Supervisor \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Your Position or Title \_\_\_\_\_ Starting Rate\$ \_\_\_\_\_ Ending Rate\$ \_\_\_\_\_  
Describe Your Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**PERSONAL REFERENCES**

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Years known \_\_\_\_\_ Occupation \_\_\_\_\_  
Name \_\_\_\_\_ Phone# \_\_\_\_\_ Years known \_\_\_\_\_ Occupation \_\_\_\_\_  
Name \_\_\_\_\_ Phone# \_\_\_\_\_ Years known \_\_\_\_\_ Occupation \_\_\_\_\_

**APPLICANT’S STATEMENT – READ CAREFULLY!**

All information provided on this Application for Employment form is complete and accurate to the best of my knowledge.

Applicants employed by McFarlin Memorial United Methodist Church (Church) will be expected to understand, respect and support the mission of the Church and abide by it’s rules and policies.

The Church has my permission to investigate, at its discretion, my past employment history, personal references, and any other information contained in this application. I agree to sign an “Authorization to Release” form to allow the Church or its representative to obtain a background check, employment, and personal information. Any position offered to me is contingent upon the satisfactory completion of background and reference checks.

Misrepresentation of facts in this application will disqualify me from further consideration or, if I am employed by the Church, may be sufficient cause for dismissal.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant’s identity and employment authorization. I understand that it will be necessary for me to submit such documents as are required by law to verify my identification and employment authorization on the first day of employment.

I understand that nothing contained in this form or as contained in the Personnel Policies of the Church, or in the granting of an interview, is intended to create a contract between the Church and me, either for employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Church unless made in writing.

I understand that employment at this organization is “at will”, and includes no guarantee, contract, or promise of employment for any specified length of time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**McFarlin Memorial United Methodist Church  
Combined Disclosure Notice and Authorization  
Regarding Background Consumer Reports**

**Important: Please read carefully before signing.**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with McFarlin. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with McFarlin. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the business office, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

**Authorization**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish McFarlin Memorial United Methodist Church with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

**Read, Acknowledged and Authorized**

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Email (if you elect to receive a copy)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you obtain any consumer reports concerning me I elect to receive a copy.