EMPLOYMENT APPLICATION
Employment Application

Galilee United Methodist Church is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, physical handicap or disability. Do not include information contrary to the laws of Virginia.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity at the time of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data

First Name ___________________________ Middle ____________________ Last______________________________
Street Address ___________________________________ City ________________ State ________ Zip Code __________
Home Telephone Number __________________________ City ________________ State ________ Zip Code __________
Social Security Number __________________________________
Today’s Date __________________________ Daytime Telephone Number at which we may contact you ________________________

Are you 18 years of age or older?  Yes _____  No _____
Have you ever been convicted of a crime?  Yes _____  No _____
If “yes”, please explain (will not necessarily disqualify an applicant):
__________________________________________________________

Are you legally eligible for employment in the U.S.?  Yes_____ No_____ 
Have you ever had a background investigation conducted?  Yes_____ No_____ 
If “yes”, please explain where and reason: ____________________________________________________________

How were you referred?  Please circle the most appropriate response.

College
Recruiter
or University
Agency
Employee
Walk-In
Advertisement
Internet
Other: __________________________

Position Preferences

For what position are you applying? __________________________________________________________
Salary desired: $ ________________ per (specify hour, week or annual/year)
Schedule desired: ____ Full Time  _____ Part Time: # of hours per week__________
What date could you start work? ____________________________________________________________

Education

High School Name: __________________________________________________________
City and State: __________________________
Graduate?  ____ Yes  ____ No
Business/Trade School Name: __________________________________________________________
City and State: __________________________
Graduate?  ____ Yes  ____ No  Degree: __________________________
College/University Name: __________________________________________________________
City and State: __________________________
Graduate? ____ Yes ____ No ____: Number of Years Completed: ____
Degree: ________ Major or Subject: _____________________________________________

Graduate School Name: _________________________________________________________
City and State: ________________________________________________________________
Graduate? ____ Yes ____ No: Number of Years Completed: ____
Degree: ________ Major or Subject: _____________________________________________

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.
__________________________________________________________________________
__________________________________________________________________________

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):
__________________________________________________________________________
__________________________________________________________________________

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Previous Employment/References

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____________________________________________________________
City and State: ______________________________________________________________
Nature of Business: __________________________________________________________
Telephone Number: __________________________________________________________
Supervisor’s Name and Title: __________________________________________________
Position Title: ______________________________________________________________
Reason for Leaving: __________________________________________________________
Salary: ________________ per Hour Week Month Year (circle one)
Dates of Employment: From: ________________ To: ________________
May We Contact Your Employer: Yes _____ No _____

Previous Employer: _____________________________________________________________
City and State: ______________________________________________________________
Nature of Business: __________________________________________________________
Telephone Number: __________________________________________________________
Supervisor’s Name and Title: __________________________________________________
Position Title: ______________________________________________________________
Reason for Leaving: __________________________________________________________
Salary: ________________ per Hour Week Month Year (circle one)
Dates of Employment: From: ________________ To: ________________
May We Contact Your Employer: Yes _____ No _____
Previous Employer: 
City and State: 
Nature of Business: 
Telephone Number: 
Supervisor's Name and Title: 
Position Title: 
Reason for Leaving: 
Salary: ______________ per Hour Week Month Year (circle one) 
Dates of Employment: From: ______________ To: ______________ 

May We Contact Your Employer: Yes _____ No _____

<table>
<thead>
<tr>
<th>Releases and Applicant's Signature</th>
</tr>
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<tbody>
<tr>
<td>In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that Galilee United Methodist Church may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. In accordance with the Privacy Act (5U.S.C.552a), Freedom of Information Act and the Fair Credit Reporting Act, I expressly authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from any Company listed on this application and/or any of their agents. I hereby authorize and consent to a copy or fax of this release to be as valid as the original.</td>
</tr>
<tr>
<td>All hiring and employment at Galilee United Methodist Church is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Galilee United Methodist Church has no specific term and may be terminated by the employee or Galilee United Methodist Church with or without notice. I acknowledge that Galilee United Methodist Church has not made any promises or representations that differ from those contained in this paragraph.</td>
</tr>
<tr>
<td>I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Galilee United Methodist Church, and that failure to provide this evidence will result in the termination of my employment.</td>
</tr>
<tr>
<td>I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Galilee United Methodist Church. I agree to release and hold harmless Galilee United Methodist Church from all liability with respect to the receipt of such information.</td>
</tr>
<tr>
<td>I understand the issuance of the application does not indicate that there are positions open and does not in any way obligate Galilee United Methodist Church. I will not be paid for time spent while applying for a position or other processing prior to the beginning of employment. This application shall be considered active for a period of time not to exceed forty-five days. I understand that if I wish to be considered for employment after that period has elapsed, I must reapply.</td>
</tr>
<tr>
<td>I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Galilee United Methodist Church may be terminated.</td>
</tr>
</tbody>
</table>

________________________________________________________  __________
Applicant's signature Date