

**First United Methodist Church, 207 E. 2<sup>nd</sup> St., Sheridan, IN 46069**

**JOB APPLICATION: RECEPTIONIST - SECRETARY POSITION**

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Today's Date: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Referred by: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Highest Grade Completed: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

**EMPLOYMENT HISTORY**

- Date: Month and year from \_\_\_\_\_ to \_\_\_\_\_

Name and Address of Current Employer: \_\_\_\_\_

\_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

- Date: Month and year from \_\_\_\_\_ to \_\_\_\_\_

Name and Address of Previous Employer: \_\_\_\_\_

\_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

- Date: Month and year from \_\_\_\_\_ to \_\_\_\_\_

Name and Address of Previous Employer: \_\_\_\_\_

\_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

- Date: Month and year from \_\_\_\_\_ to \_\_\_\_\_

Name and Address of Previous Employer: \_\_\_\_\_

\_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_

In addition to your work history, are there are other skills, qualifications, or experience we should consider:

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Please give the name of three persons not related to you, who you have known at least one year.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ONE OR MORE FALSIFIED STATEMENTS WITHIN THIS APPLICATION IS GROUNDS FOR DISMISSAL.

DATE: \_\_\_\_\_ SIGNATURE:

\_\_\_\_\_