

Application for Employment

Gonzalez United Methodist Church

We are thankful that you are considering application for employment at Gonzalez United Methodist Church. Gonzalez United Methodist Church is dedicated to the service of Jesus Christ and to the service of the members, constituents and friends of this church. As an employee of the church, you play an important part in the church's ability to meet the objective of providing that service professionally, efficiently and politely.

How to Contact Us:

Church Office: 850-968-6006

8:00 A.M. - 1:00 P.M.

Fax: 850-968-5971

Email: gwen@gumc.gccoxmail.com

*Subject line of email: **Employment Applications***

www.gonzalezmethodist.org (Job Applications)

Gonzalez United Methodist Church
P.O. Box 38
Gonzalez, Florida 32560

EMPLOYMENT APPLICATION

Name (first, middle, maiden, last): _____

Are you over the age of 18? _____ Yes _____ No

Present address: _____

City, State, Zipcode: _____

Primary phone: _____ Secondary phone: _____

E-mail address: _____

Position applied for: _____

Date you are available to start: _____

Qualifications:

Academic achievements: (Schools attended, degrees earned, dates of completion)

Continuing education completed: (Courses taken, dates of completion)

Professional organizations: (list any in which you have membership)

First aid training? _____ Yes _____ No Date completed: _____

CPR training? _____ Yes _____ No Date completed: _____

Previous work experience: Please list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of company/employer, the name of your immediate supervisor, and the dates you were employed in each position.

Previous volunteer experience: Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, and other crimes of violence, theft, or motor vehicle violations)? No Yes

If yes, please explain fully: _____

Have you ever been exposed to an incident of child abuse or neglect? No Yes

If yes, how did you feel about the incident? _____

Would you be available for periodic volunteer training sessions? No Yes

References: Please list three personal references (people who are not related to you by blood or marriage) and provide complete contact information for each. **References are confidential.**

1. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

2. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

3. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

Waiver and Consent: I, _____, hereby certify that the information I have provided on this application for employment is true and correct. I authorize this church to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by **Gonzalez United Methodist Church**, I agree to abide by the policies of the organization and to refrain from inappropriate conduct in the performance of my duties.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of applicant: _____ Date: _____

SAFE SANCTUARIES

CHARACTER REFERENCE

Applicant name: _____

Reference name: _____

Reference address: _____

Reference phone(s): _____

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?
5. How would you describe the applicant's ability to relate to children and/or youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. How would you feel about having the applicant as a worker with your child and/or youth?
9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
11. Please list any other comments you would like to make about this applicant:

Reference inquiry completed by: _____ **Date:** _____

SAFE SANCTUARIES

BACKGROUND CHECKS

The Alabama-West Florida Annual Conference has signed a contract with Trak-1 to provide background checks for all conference programs and local congregations. Each church will complete background checks within the local congregation.

SAFE SANCTUARIES

AUTHORIZATION AND REQUEST TO RUN BACKGROUND CHECK

I, _____, hereby authorize **Gonzalez United Methodist Church** to request the release of information regarding any record of criminal charges or convictions maintained on me, whether said file is a local, state, or national file and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release the information holder from all liability that may result from any such disclosure made in response to this request.

Signature of applicant: _____ Date: _____

Applicant's name (first, middle, maiden, last): _____

Print all other names that have been used by the applicant (if any):

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State issuing license: _____

Address: _____

Previous address: _____

Safe Sanctuaries

Proof of Background Check Affidavit

Gonzalez United Methodist Church has performed a National Background Check by Trak-1 on _____ (Name of Applicant/Volunteer) with _____ (Social Security number). The National Background Check, dated _____ (Date background check was run), is on file at _____ (Location of file). The National Background Check was _____ clear _____ not clear. The custodian of the Background check information is:

Name _____

Position with Church/ Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I hereby certify the information above to be accurate and complete.

Custodian of records Print Name _____

Custodian of records Sign Name _____

Witness _____