

ST. PAUL UCC - EMPLOYMENT APPLICATION

APPLICANT'S NAME (LAST, FIRST, M.I.)		ID NO. (If known)	PHONE NO. (Between 8 AM and 5 PM) () -	E-MAIL ADDRESS (If available)	
STREET ADDRESS		CITY	STATE	ZIP CODE	
JOB INTEREST: IDENTIFY THE SPECIFIC JOB TITLE (AND NUMBER, IF APPLICABLE) FOR WHICH YOU ARE APPLYING					
Job Title:			Job Location: St Paul United Church of Christ		
How did you find out about this job?					
EDUCATION AND TRAINING RECORD					
	Type of Education or Training	Major or Credit Hours		Name and Location of Educational Institution	
<input type="checkbox"/>	High School Graduate/GED				
<input type="checkbox"/>	Associate's Degree				
<input type="checkbox"/>	Bachelor's Degree				
<input type="checkbox"/>	Master's Degree				
<input type="checkbox"/>	Ph.D., M.D., J.D., or Similar Professional Degree				
<input type="checkbox"/>	Other: _____				
LICENSES, REGISTRATIONS, CERTIFICATES		License/Certificate/Bar No.	Issuing Agency	Issue Date	Expiration Date
COMPUTER SOFTWARE & EQUIPMENT KNOWLEDGE					
BACKGROUND					
I am 18 years of age or older.		<input type="checkbox"/> YES <input type="checkbox"/> NO	I have been discharged from a previous job		<input type="checkbox"/> YES <input type="checkbox"/> NO (Attach explanation)
I am a citizen of the United States		<input type="checkbox"/> YES <input type="checkbox"/> NO	I am an alien authorized to work in the United States		<input type="checkbox"/> YES <input type="checkbox"/> NO (Attach documentation)
I have felony charges pending		<input type="checkbox"/> YES <input type="checkbox"/> NO	I have been convicted of a crime as an adult		<input type="checkbox"/> YES <input type="checkbox"/> NO (Attach explanation)
I have educational or work records under another name		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, specify:		
I have previously worked at a church		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, specify:		
I possess special skills (e.g., foreign languages)		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, specify:		
<p>CERTIFICATION: <i>By signing and submitting this form and any attachments, I certify that this application is complete and all information provided is true and accurate and contains no willful falsifications or misrepresentations. I understand that falsifications, misrepresentations, or omissions may disqualify me from consideration for employment with St Paul UCC, or if hired, may be grounds for termination.</i></p>					
Signature: _____			Date: _____		

RELATED EMPLOYMENT HISTORY

List below your work experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned, ongoing duties for each job, **including percentage of time spent on each duty**. Attach additional sheets if necessary. **If attaching a résumé, indicate on it the dates of employment (month, day, and year) and the number of hours worked per week and percentage of time spent on individual job duties.**

JOB TITLE	CURRENT SALARY	EMPLOYER (include names of organization and direct supervisor, address, and telephone number)
DATES OF EMPLOYMENT (MONTH/DAY/YEAR) FROM: _____ TO: _____		
AVERAGE HOURS PER WEEK	NUMBER OF EMPLOYEES YOU SUPERVISED	

DESCRIPTION OF YOUR DUTIES AND THE PERCENTAGE OF TIME SPENT EACH WEEK AT EACH DUTY

PERCENTAGE	DETAILED DESCRIPTION OF YOUR DUTIES
%	
%	
%	
%	
100%	REASON FOR LEAVING:

JOB TITLE	EMPLOYER (include names of organization and direct supervisor, address, and telephone number)
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%	
%	
100%	REASON FOR LEAVING:

REFERENCES	NAME	OCCUPATION	TELEPHONE	E-MAIL ADDRESS
1				
2				
3				
4				
5				
6				