

Military Service Data

Have you ever served in the U.S. Armed Forces? Yes No

If yes, give dates of service: From: _____ To: _____

List special skills/abilities acquired:

Education Data

Name & Address of School Attended	Dates Attended From	To	Type of Degree/Diploma Received or Expected	Major/Minor Fields of Study
High School				
College/University				
Graduate School				
Other				

List any honors or scholarships received: _____

List professional, trade, business or civic activities and offices held (you may exclude memberships which would reveal sex, race, religion, national origin, age, disability or other protected status): _____

References

List (with address & phone number) the names of five persons familiar with your character, ability or education for more than one year. Please do not include friends or relatives.

1. _____
2. _____
3. _____
4. _____
5. _____

Employment Record

Please list date of all employment starting with your most recent position. Attach a separate sheet if necessary.

Company Name & Address

Position/Title/Duties

Supervisor's Name/Title/Telephone #

Dates of Employment From: To: Starting Salary: Ending Salary:
Reason for Leaving

Company Name & Address

Position/Title/Duties

Supervisor's Name/Title/Telephone #

Dates of Employment From: To: Starting Salary: Ending Salary:
Reason for Leaving

Company Name & Address

Position/Title/Duties

Supervisor's Name/Title/Telephone #

Dates of Employment From: To: Starting Salary: Ending Salary:
Reason for Leaving

Company Name & Address

Position/Title/Duties

Supervisor's Name/Title/Telephone #

Dates of Employment From: To: Starting Salary: Ending Salary:
Reason for Leaving

Applicant's Acknowledgment

Permission is granted to First United Methodist Church to conduct an investigation and to solicit information as to my educational and employment history, character and general reputation, and criminal record. I release the First United Methodist Church and all persons or organizations from any liability arising from such statements, their solicitation or use.

I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave or be terminated at any time, with or without cause. If terminated, I authorize the First United Methodist Church to deduct, to the extent permitted by law, any amount which I may owe to the First United Methodist Church from any amount which the First United Methodist Church may owe me. I understand that no representative of the First United Methodist Church has any authority to offer or to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate, or omitted statements of a material fact could be a cause for rejection of my application or termination of my employment at any time.

I have read, understand, and by my signature consent to these statements. I have read and voluntarily signed the attached "ALCOHOL AND OTHER-DRUG SCREEN PROGRAM AND CONSENT FORM".

Signature of Applicant Date

If working more than 25 hours weekly, the cost of the background check will be deducted from your first two paychecks and after one year of continuous employment by First United Methodist Church will be reimbursed.

Print applicant's full name: _____

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

Date of Birth: _____ **Place of birth:** _____

Social Security Number: _____

Driver's License Number: _____ **State Issuing License:** _____

License expiration date: _____

Request sent to: Rev. Max Mayo
First United Methodist Church
204 East Spring Street
Cookeville, TN 38501
Phone: 931-526-2177

DISCLOSURE FORM

Our church cares about the children and youth in our programs and desires to ensure their safety while they are in the church's supervision. Some state legislatures have helped us assure security for children, vulnerable adults and developmentally disabled people by requiring disclosures by all people who are employed by the local church. The United Methodist Church supports this requirement. Because we care for all God's children, First United Methodist Church joins in asking all staff members to complete this disclosure form.

Please complete the following questions by circling "yes" or "no" on each question. Please attach an explanation for any "yes" answer.

- 1) Have you ever been convicted of a felony? yes no
- 2) Have you ever been convicted of any crime against children or other persons? yes no
- 3) Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? yes no
- 4) Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? yes no
- 5) A. Have you been convicted of the possession, use, or sale of drugs within the last 7 years? yes no
B. Have you been released from incarceration for a conviction of the possession, use, or sale of drugs within the last 7 years? yes no
- 6) Within the past 30 days have you abused alcohol, legal or illegal drugs? yes no
- 7) Has your driver's license been suspended or revoked within the last 7 years? yes no
- 8) Have you ever been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult? yes no
- 9) Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult? yes no
- 10) A. Have you ever been licensed by a licensing board that licenses businesses/professions? (If yes, please answer B. and C.) yes no
B. Have you ever been found by that licensing board, or any other disciplinary board, to have sexually or physically abused or exploited any minor or developmentally disabled person? yes no
C. Have you ever been found by that licensing board or any other disciplinary board, to have abused or financially exploited any vulnerable adult? yes no
- 11) Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people, vulnerable adults or developmentally disabled persons? yes no

I certify that the information I have provided is true and correct; if it is found that the answers given are untrue, I understand it may be cause for dismissal.

Signature _____ Date _____

Print name _____