TEAM MEMBER APPLICATION

We consider applicants for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date _____   Social Security Number _____ - _____ - _____

Name _____
Last   First   Middle   Preferred Name

Current Address _____
Number and Street   City, State/Province, Zip/Postal Code

Previous Address (if current address is less than 5 years) _____

Home Phone # _____   Cell Phone # _____   Email Address _____

Driver's License # _____   Has your driver's license ever been suspended or revoked?   ☐ Yes   ☐ No
If so, please explain: _____
Do you have a regular means of transportation?   ☐ Yes   ☐ No

Are you legally authorized to work in the United States?   ☐ Yes   ☐ No
An Employee Eligibility Verification Form (Form I-9) is required.

All positions at Balls Mills UMC require a completed PA Child Abuse History Clearance form CY-113, a completed PA Request for Criminal Record Check SP 4-164, and a FBI fingerprint/criminal record check (clearances must be submitted with application).
Do you need assistance in applying for these clearances? ☐ Yes   ☐ No

Would you work: ☐ Full Time ☐ Part Time   Date available for work _____
If part-time, specify days and hours _____

Education and Training

High School Name	Location	Did you graduate? ☐ Yes ☐ No	

List Business Schools, Trade Schools, and Colleges attended	Location	Dates Attended (From-To)	Date you did/will graduate	College Major	Degree Received	

Work History Data

List most recent employer first. Include part-time employment.
If currently employed, may your employer be contacted at this time for a reference?   ☐ Yes   ☐ No

Employment Dates		Company or Organization, and Address	Position or Type of Work	Immediate Supervisor	Reason for Leaving	May we contact?
From	To					

Describe duties performed in above listed work experience.

_____
_____
_____
_____
_____

Skills

Computer Skills (list below)   Other Skills (list below)

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Describe any additional job-related or volunteer experiences, licensing, special skills or knowledge, which would be helpful in considering you for employment.

_____
_____
_____
_____
_____

COMPLETE THIS SECTION IF YOU HAVE SERVED IN THE U.S. ARMED FORCES

Branch of Service	Period of Active Duty (month & year)	Date of Final Discharge	Applicable Special Training

References

Give the names and addresses of two individuals, not related, who know you well and to whom we may refer.

Name	Address	Phone Number	Occupation

The information I have provided is complete and accurate to the best of my knowledge. I also understand that providing false information may disqualify me from further consideration. It is agreed that any misrepresentation by me in this application will be sufficient cause for cancellation or for dismissal from service if I am employed.

I authorize Balls Mills UMC to contact the following, unless otherwise indicated:
- *My previous employers*
- *The schools I attended*
- *The personal references I have listed*

Applicant's Signature _____ Date _____