



ST. MARK'S UNITED METHODIST CHURCH APPLICATION for EMPLOYMENT



Position Applied for: _____ **Date:** _____

NAME: _____

ADDRESS: _____

TELEPHONE: Home _____ **E-MAIL:** _____
 Work _____
 Cell _____

SOC. SEC. NR. _____ **CITIZENSHIP:** _____ **VISA TYPE:** _____

Work Experience: (Starting with most recent)

<u>Employer Name/ Address/Phone</u>	<u>Job Title</u>	<u>Hours/Week</u>	<u>From &To Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education: (Starting with most recent)

<u>Institution (School)</u>	<u>Degree/Diploma</u>	<u>Field</u>	<u>From &To Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References who may be called and who can speak about your work experience:

<u>Supervisor's Name</u>	<u>Address</u>	<u>Telephone</u>	<u>In what capacity does the person know your work?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete and sign this application on the back page. Unsigned applications will not be considered.

**ST. MARK'S UNITED METHODIST CHURCH
APPLICATION for EMPLOYMENT**

APPLICANT MUST READ AND SIGN BELOW

1. This application is valid for only ninety (90) days. If you have not been employed within ninety (90) days of your application, you must re-apply for a position.
2. By my signature below, I agree to the following:
 1. **UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**
4. I consent to take any physical examinations, including, but not limited to, tests for alcohol or drugs, that may be requested by St. Mark's UMC: (1) following an offer of employment; and (2) during the course of my employment, consistent with applicable law, including, but not limited to, the Americans with Disabilities Act. I further authorize any health care professional who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to St. Mark's UMC.
5. I understand that any false statement or misleading omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.
6. I understand that any employment I might be offered by St. Mark's UMC is at-will and of indefinite duration, and that either I or St. Mark's UMC can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by St. Mark's UMC unless made in writing and signed by the Senior Pastor. I understand that satisfactory completion of my orientation and training period will not change my status as an at-will employee.
7. I understand that none of St. Mark's UMC practices or policies are to be construed as imposing any binding obligation on the church, and that they are subject to change or deletion at any time.
8. I understand that St. Mark's UMC, solely at its discretion, may obtain a criminal background check and that the resultant information may be used in making a hiring decision.
9. I hereby authorize St. Mark's UMC to obtain from schools, former employers, or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied.

I HAVE READ THIS EMPLOYMENT APPLICATION AND I FULLY UNDERSTAND ITS CONTENTS.

Date

Applicant's Signature