



Creative Center for Young Children

First United Methodist Church

1001 Pleasant Street
Des Moines, IA 50309
PH: 244-6209

CCYC & First United Methodist Church is an equal opportunity employer by both policy and practice and subscribes to Federal and State laws which forbid discrimination because of race, religion, color, sex, age, national origin, marital status, veteran status, and disability.

APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name		First	Middle	Date
Street Address				Home Telephone ()
City, State, ZIP			How Long at Address	Business Telephone ()
Previous Address				Social Security #
Position Desired			Date Available to Start	Salary Desired
Would you agree to a post-offer, pre-employment physical exam by a company doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied for a job with this CCYC/church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed with this CCYC/church? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Any of your relatives employed with this CCYC/church? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
Are you legally permitted to work in the United States on a permanent, full-time job without restrictions under immigration laws? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been refused a bond? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For Secretarial and Clerical Applicants: Indicate skills in the following: Office Machines Typing _____ WPM Shorthand _____ WPM Data Processing Equipment Other training/skills				

EDUCATION

	Name and Location of School	Course of Study	No. of years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Courses				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone	
	Address	()	Employed (State month and year)
	Name of Supervisor	From	To
	State Job Title and Describe Your Work	Weekly pay	Start
		Reason for leaving	

2	Company Name	Telephone	
	Address	()	Employed (State month and year)
	Name of Supervisor	From	To
	State Job Title and Describe Your Work	Weekly pay	Start
		Reason for leaving	

3	Company Name	Telephone	
	Address	()	Employed (State month and year)
	Name of Supervisor	From	To
	State Job Title and Describe Your Work	Weekly pay	Start
		Reason for leaving	

4	Company Name	Telephone	
	Address	()	Employed (State month and year)
	Name of Supervisor	From	To
	State Job Title and Describe Your Work	Weekly pay	Start
		Reason for leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.	<i>Do Not Contact</i>	
	Employer Number _____	Reason _____
	Employer Number _____	Reason _____

Military

Did you serve in the U.S. Armed Forces?

If yes, in what Branch?

Yes No

Describe any training received relevant to the position for which you are applying.

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.

(Exclude those which may disclose your race, color, religion, age or national origin)

Full Name

Relationship

Company & Address

Telephone No.

REFERENCES

Full Name	Relationship	Company & Address	Telephone No.

Applicant's Signature

We are pleased that you have chosen to apply for a job with our CCYC/church. We offer challenging work opportunities.

We are an equal opportunity employer. It is the policy of this CCYC/church to consider all applicants for employment based on their qualifications in light of job vacancies. Our CCYC/church fully complies with all applicable laws which prohibit discrimination on the basis of race, color, sex, national origin, age, veteran, or disability status.

You will be expected to successfully pass a drug screen test as a part of the application process. For the safety of our current and future employees, we intend for this to be a drug-free workplace. You will also be asked to submit to a child-abuse screening, as are all employees and volunteers who have contact with children and youth.

To be sure that your application receives full consideration, you must fill it in completely and accurately. Applications are considered active for 30 days from the date they are filed. After 30 days, the applications are retired to an inactive file and held in an inactive status for a period of time required by law. If you have not been hired within 30 days of the date you filed your application and you wish to be considered for jobs that become available after that date, you must return to this office and fill out a new application or update your old application.

I certify that all information given on this application is true and correct. I understand that the CCYC/church may make an investigation of my work and law enforcement agencies to supply any information concerning my background and release them from any liability and responsibility arising from their doing so. Any misrepresentation or omission of information may lead to my dismissal. I understand that if offered employment with this company, I may be required to provide proof of my eligibility to legally work in the United States.

I understand that prior to being offered employment with the CCYC/church, I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the CCYC/church prior to the administration of the test, so that a reasonable accommodation may be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The CCYC/church reserves the right to require medical documentation concerning the need for the accommodation.

I understand that this application will be kept on active file for thirty (30) days from the date completed, after which time I would have to re-apply in accordance with CCYC/church procedures.

I understand drug testing requirements of the Federal Government may apply. I represent and warrant that I am not under any contract with a third party that would restrict or prohibit me from accepting employment with the CCYC/church.

I acknowledge that employees of the CCYC/church are not hired for any set period of time and that I would not have a contract for employment unless the same was in writing signed by the CCYC/church's Staff Parish Relations Committee Chair. I further acknowledge that the CCYC/church could terminate my employment with or without cause at anytime and that I could leave my employment at anytime.

Date

Signature