United Christian Ministries
of Jackson County

"Uniting Jackson County, according to the call of Jesus Christ, to minister to the needs of our neighbors."

Application for Employment-Personal Information

Name: _____ Date of application: _____

Home Phone: _____ Cell Phone: _____

Address:_____

Email address: _____

Years at this address: _____ If less than one year, please list previous address:

Address:_____Dates:_____

Education: Highest Level Achieved: ___ High School Diploma ____ GED_____ College_____ Masters

Degree(s) received: _____ From: _____
Other education or specialized training: _____
_____

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Employment History

Current or most recent Employer: _____

Dates of Employment: _____ Title: _____

Job Description: _____

_____

_____

Name of Supervisor: _____ Phone: _____

Previous Employers (within last 5 years):

Employer: _____

Dates of Employment: _____ Title: _____

Job Description: _____

_____

_____

Name of Supervisor: _____ Phone: _____

Employer: _____

Dates of Employment: _____ Title: _____

Job Description: _____

_____

_____

Name of Supervisor: _____ Phone: _____

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Volunteer Information

Current Church Membership: _____How long attended: _____

Volunteer Service: List agency name, duties, and dates:

Name: _____ Dates: _____

Duties _____

Name: _____ Dates: _____

Duties _____

References

Reference 1: _____ Phone:_____

Mailing and/or email address: _____
_____

Type of reference (business, personal): _____

Reference 2: _____ Phone:_____

Mailing and/or email address: _____
_____

Type of reference (business, personal): _____

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Statement of Faith, Background Check and Confidentiality Agreement

"Uniting Jackson County, according to the call of Jesus Christ, to minister to the needs of our neighbors," is the mission statement for United Christian Ministries of Jackson County Inc.

Upon signing; you understand, support, and will not actively work against the organization's core religious values.

_____ _____

Applicant Signature **Date**

I hereby give permission to make a thorough investigation of my past employment, education, and background, and release from liability all person, companies, or corporations supplying such an investigation. I understand that any false statements or implications made by me on this application or other required documentation shall be considered sufficient cause for denial of employment or discharge.

I understand that, if hired, all information about clients is confidential. Violation of client confidentiality may result in termination of employment.

Signature: _____

Date: _____