

St. Mary's United Church of Christ
1441 East Mayberry Road
Westminster, Maryland 21158



Phone: 410-346-7977 or 410-848-3862
Fax: 410-346-0880

Email: stmarvsucc.office@gmail.com

Webpage: <http://www.stmarvsucc.org>

JOB APPLICATION FORM

St. Mary's United Church of Christ is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, or disability that does not prohibit performance of essential job function. If you are an individual with a disability and need reasonable accommodation to participate in the hiring process, please contact us at 410-346-7977.

PERSONAL INFORMATION

TO BE CONSIDERED FOR EMPLOYMENT, PLEASE COMPLETE THE FOLLOWING QUESTIONS COMPLETELY, EVEN IF ATTACHING A RESUME.

Position Applying for:		Application Date:	
Last Name:	First Name:	Middle:	
Present Address:		City/State:	Zip:
Home Phone:	Business/Message Phone:		E-Mail Address:
Have you ever worked for St. Mary's United Church of Christ before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently have any relatives employed by St. Mary's United Church of Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Who?	

EDUCATION/TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

Name/Location of School	Course of Study (List Major)	Graduated (Yes/No)	Type of Degree/Certificate

SPECIALIZED SKILLS AND KNOWLEDGE

List any skills or knowledge that show your ability to perform the job for which you are applying, (such as typing/keyboard speed, computer languages or software programs, foreign languages, etc.) Note: Also include any other positions at St. Mary's United Church of Christ that you currently hold or have held in the past. Please include committees or any volunteer services that you participate in.

EMPLOYMENT VERIFICATION

LIST YOUR LAST THREE EMPLOYERS FOR EMPLOYMENT VERIFICATION PURPOSES

1. Current/Last Employer's Name, Address & Phone Number:

Supervisor's Name/Phone Number:

Your Job Title:

Employed (Month/Year) From:
To:

Salary:

Reason for Leaving:

2. Prior Employer's Name, Address & Phone Number:

Supervisor's Name/Phone Number:

Your Job Title:

Employed (Month/Year) From:
To:

Salary:

Reason for Leaving:

3. Prior Employer's Name, Address & Phone Number:

Supervisor's Name/Phone Number:

Your Job Title:

Employed (Month/Year) From:
To:

Salary:

Reason for Leaving:

REFERENCES

Name:

Phone:

Name:

Phone:

Name:

Phone:

I understand that I will only be considered for the job for which I am applying. I understand that my application will only be considered active for six months from the date signed below. I hereby acknowledge that I understand these instructions and will abide by them.

Applicant's Signature

Date