

Little Falls United Methodist Church
139 Main Street, Little Falls, N.J. 07424

JOB APPLICATION
POSITION: Custodian

The United Methodist Church is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the Little Falls United Methodist Church.

Please fill out all of the sections on this application.

DATE: _____

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE #: _____ MOBILE PHONE#: _____

Are you at least 18 years or older? Yes _____ No _____

Are you a U.S. citizen or approved to work in the United States? Yes _____ No _____

You will be required to provide authorization to work

What documentation can you provide as proof of citizenship or legal status

Can you work any shift? Yes _____ No _____ Can you work overtime? Yes _____ No _____

Can you work weekends Yes _____ No _____ Date you can start? _____

Are you able to perform the functions of the job for which you are applying, with or without a reasonable accommodation? Yes _____ No _____

Do you have any special skills, experience and/ or training that would enhance your ability to perform the position applied for? If yes, explain

EDUCATION AND TRAINING:

High School:

Name _____

Address _____

Year Graduated _____

Degree Earned _____

College/University:

Name _____

Address _____

Year Graduated _____

Degree Earned _____

Vocational School/Specialized Training

Name _____

Address _____

Year Graduated _____

Degree Earned _____

MILITARY:

Are you a member of the Armed Services: Yes _____ No _____

What branch of the military did you enlist _____

What was your military rank when discharged _____

How many years did you serve in the military _____

What military skills do you possess that would be an asset for this position _____

PREVIOUS EMPLOYMENT

Employer name _____

Job title _____

Supervisor name _____

Employer address _____

Telephone number _____ Dates employed _____

Reason for leaving _____

Summarize the nature of work performed and job responsibilities _____

Employer name _____

Job title _____

Supervisor name _____

Employer address _____

Telephone number _____ Dates employed _____

Reason for leaving _____

Summarize the nature of work performed and job responsibilities _____

Employer name _____

Job title _____

Supervisor name _____

Employer address _____

Telephone number _____

Reason for leaving _____

Summarize the nature of work performed and job responsibilities

Have you been terminated from employment or asked to resign by an employer?

Yes _____ - No _____

If yes please provide company names and details

Incomplete information could disqualify you from further consideration.

REFERENCES:

Give the names of three persons not related to you, whom you have known at least three years,

NAME _____

ADDRESS _____

PHONE # _____ EMAIL: _____

COMPANY _____ YEARS ACQUAINTED _____

NAME _____

ADDRESS _____

PHONE # _____ EMAIL _____

COMPANY _____ YEARS ACQUAINTED _____

NAME _____ ADDRESS _____

PHONE # _____ EMAIL _____

COMPANY _____ YEARS ACQUAINTED _____

Please read carefully before signing:

Little Falls United Methodist Church is an equal opportunity employer. The Little Falls United Methodist Church does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including

sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Little Falls United Methodist Church to hire me. If I am hired, I understand that either the Little Falls United Methodist Church or I can terminate my employment at any time and for any reason with or without cause and without prior notice. I understand that no representative of the Little Falls United Methodist Church has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the Little Falls United Methodist Church true and complete information on this application. No requested information has been concealed. I authorize the Little Falls United Methodist Church to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal

Date: _____

Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE