



California-Pacific Annual Conference of the United
Methodist Church

Human Resources • P.O. Box 6006 • Pasadena • California • 91102-6006 •
hr@calpacumc.org

Application for Employment

The California-Pacific Annual Conference is an Equal Opportunity Employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Director of Human Resources.

Please print clearly and complete all information requested.						
Name:						
Last		First		Middle		
Street Address:						
			City	State	Zip	
Home Phone Number:			Cell Phone Number:			
E-mail Address:						
POSITION DESIRED						
Position(s) Applying For:						
How did you Hear About the Position:						
Desired Salary:			Date Available:			
Type of Work Desired: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either <input type="checkbox"/>						
Please indicate days and hours available to work in chart below:						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
PERSONAL INFORMATION						
If hired, can you present proof of your legal right to work in the United States?					[] Yes	[] No
Are you at least 18 years of age or older? If "no," a work permit may be required.					[] Yes	[] No
Have you worked under or been known by another name? [This information is used for references checking] If yes, give name(s) and dates used:					[] Yes	[] No
Have you ever worked for The California-Pacific Annual Conference?					[] Yes	[] No

Are any relatives or members of your household currently employed by The Conference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION AND TRAINING

Type of School	Name and Location	No. of Years Completed	Major & Degree	Did You Graduate
High School/ GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL SKILLS

Licenses/Certificates:	Answer only if position applied for requires driver's license. Do you have a valid California driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Keyboarding WPM:	Computer Programs:
Office Equipment:	
Foreign Language Skills (optional): <input type="checkbox"/> Speak _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____ <input type="checkbox"/> Interpret and/or translate _____	
Do you have any other experience, training, qualifications or skills which you feel makes you especially suited for the position applied for? If so, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

For the last 10 years, starting with most recent, list each job held and account for all periods between jobs. Attach additional sheets if necessary.

EMPLOYER:		May we contact this employer? [] Yes [] No	
Address:		Supervisor's Name:	
Phone:			
Date Started:		Date Left:	
Title or Position:			
Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			
EMPLOYER:		May we contact this employer? [] Yes [] No	
Address:		Supervisor's Name:	
Phone:			
Date Started:		Date Left:	
Title or Position:			
Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			
EMPLOYER:		May we contact this employer? [] Yes [] No	
Address:		Supervisor's Name:	
Phone:			
Date Started:		Date Left:	
Title or Position:			
Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			
EMPLOYER:		May we contact this employer? [] Yes [] No	
Address:		Supervisor's Name:	
Phone:			
Date Started:		Date Left:	
Title or Position:			

Duties and Responsibilities:	Reason for Leaving:
Account for periods of unemployment between jobs:	

CERTIFICATION

Important, please read carefully and sign. *Note: qualified applicants for employment, including those with criminal histories, will be considered for employment in a manner consistent with the requirements of applicable federal, state and local laws.*

I hereby certify that the information on this application and all other information otherwise provided is true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that if I am offered employment, such offer may be conditioned upon the successful completion of a reference check, background investigation, substance abuse screen, applicable licensure/certification/degree verifications and/or my ability to qualify for a bond if required for the position.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the California-Pacific Annual Conference can terminate the relationship at will, with or without cause, at any time with or without prior notice. I further acknowledge that the only manner in which the “at will” nature of the employment relationship can be altered is by means of a specific written agreement signed by me and the appropriate supervisor at the California-Pacific Annual Conference.

I understand that should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the California-Pacific Annual Conference, I am entitled to copies of any such public records obtained by the Conference unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant’s Signature _____ Date: _____