

# Lewiston First UMC

1906 Broadview Drive

Lewiston, ID 83501

(208) 743-2971

Complete all information. Incomplete applications may delay or disqualify you.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available \_\_\_\_\_ Social Security No. \_\_\_\_\_

Position Applied \_\_\_\_\_ How did you hear of opening \_\_\_\_\_

Are you a citizen of the United States? YES NO YES NO  
  If no, are you authorized to work in the U.S.

Have you ever been convicted of a felony? A misdemeanor in the last 7 years? YES NO  
  If yes, explain: \_\_\_\_\_

I have read the job description and can perform the duties without an accommodation YES NO  
  If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ City & State: \_\_\_\_\_

Duration: \_\_\_\_\_ Did you graduate? <sup>YES</sup>  <sup>NO</sup>  Degree: \_\_\_\_\_

College: \_\_\_\_\_ City & State: \_\_\_\_\_

Duration: \_\_\_\_\_ Did you graduate? <sup>YES</sup>  <sup>NO</sup>  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City & State: \_\_\_\_\_

Duration: \_\_\_\_\_ Did you graduate? <sup>YES</sup>  <sup>NO</sup>  Degree: \_\_\_\_\_

Please list any relevant professional certification or licenses that are pertinent to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## References

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Past Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?  YES  NO

## Military Service

Branch \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

In order to receive veteran's preference a copy of your DD-214 must be submitted.

## Disclaimer & Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_