



COMMUNICATIONS

United Methodist Communications

THE UNITED METHODIST CHURCH

A GENERAL AGENCY OF THE UNITED METHODIST CHURCH

EMPLOYMENT APPLICATION

Please complete all shaded areas.

LAST NAME		FIRST NAME		MI	POSITION APPLIED FOR OR TYPE OF WORK DESIRED:		
STREET ADDRESS			CITY	STATE	APPLYING FOR: FULL-TIME PART-TIME	SALARY EXPECTED: \$	DATE AVAILABLE FOR WORK:
HOME/ CELL PHONE	EMAIL ADDRESS		WHO REFERRED YOU?		WORK LOCATION (OPTIONS): WORK FROM HOME/REMOTE HYBRID HOME/OFFICE OFFICE/NASHVILLE, TN LOCATION		IF NOT U.S. CITIZEN, DO YOU HAVE AUTHORIZATION TO ACCEPT EMPLOYMENT IN U.S.? YES NO
DO YOU HAVE ANY PHYSICAL CONDITION THAT WOULD LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? YES NO EXPLAIN:							
APPLIED TO UMCOM IN THE PAST? EMPLOYED BY UMCOM IN THE PAST?		YES YES	NO NO	DATE APPLIED: DATE(S) EMPLOYED:		NAMES OF RELATIVES WORKING AT UMCOM? (INDICATE RELATIONSHIP)	

PAST EXPERIENCE OR TRAINING:

(PLEASE CHECK ALL THAT APPLY)

ART & DESIGN
BOOKKEEPING / ACCOUNTING
CLERICAL
COMPUTER / IT

DATA ENTRY
MANAGEMENT
MARKETING
MEDIA PRODUCTION / TECHNICAL

PHOTOGRAPHY
PRINTING
SOCIAL MEDIA
SUPERVISION

VIDEO PRODUCTION
WEB DESIGN
WRITING / EDITING
OTHER _____

LANGUAGES YOU READ, SPEAK OR WRITE FLUENTLY:

EDUCATION	NAME OF SCHOOL	CITY AND STATE	YEAR COMPLETED (INDICATE DIPLOMA OR TYPE OF DEGREE)			MAJOR(S)	MINOR(S)	GPA
HIGH SCHOOL			DIPLOMA?	YES	NO			
UNDERGRADUATE			DEGREE?	YES	NO			
GRADUATE			DEGREE?	YES	NO			
OTHER			DIPLOMA?	YES	NO			
SCHOOL HONORS AND AWARDS:			CERTIFICATIONS:					
MILITARY SERVICE	BRANCH:		DATES:		OCCUPATIONAL SPECIALTY:		RANK:	

PRESENT AND PAST EMPLOYMENT

FROM MO / YR	TO MO / YR	NAME OF COMPANY ADDRESS OF COMPANY	SUPERVISOR NAME PHONE NUMBER	MAY BE CONTACTED?	YEARLY SALARY	RESPONSIBILITIES	REASON FOR LEAVING
/	/			YES NO			
/	/			YES NO			
/	/			YES NO			

REFERENCES	NAME AND ADDRESS	OCCUPATION	EMAIL	PHONE
Work				
Work				
Personal				

The answers given herein are true and correct to the best of my knowledge.
I hereby authorize this company to contact my schools and previous employers for reference information to be held in strict confidence and hereby release the individuals connected therewith from all liability.

PLEASE EMAIL THIS APPLICATION FORM WITH
RESUME AND COVER LETTER PACKAGE TO :

FOR MORE INFORMATION, PLEASE CONTACT:

hr@umcom.org

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