

Employment Application



We are an equal opportunity employer committed to excellence through diversity. This application must be fully completed to be considered. Please complete each section, even if you attach a resume. Please print or type.

Personal Information

Name: (First, Middle, Last)

Address		City	State	Zip
Home Number	Mobile Number	Email Address		
Have you ever been employed by this organization or its affiliates in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please provide dates of previous employment and position		
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If selected for employment, are you willing to submit to a pre-employment background check and drug screen: Yes <input type="checkbox"/> No <input type="checkbox"/>				

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Education

School Name	Location (City, State)	Years Attended	Degree Received	Major

References

List three professional references not related to you, with full name and contact information.

Name	Relationship	Phone	Email

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Employment History

Start with your present or most recent employment and work back. Use a separate sheet if necessary.

Employer (1)	Job Title	Dates Employed
Address (include City, State and Zip)		Contact Number:
Reason for Leaving:		
Employer (2)	Job Title	Dates Employed
Address (include City, State and Zip)		Contact Number:
Reason for Leaving:		
Employer (3)	Job Title	Dates Employed
Address (include City, State and Zip)		Contact Number:
Reason for Leaving:		
Employer (4)	Job Title	Dates Employed
Address (include City, State and Zip)		Contact Number:
Reason for Leaving:		

Acknowledgement and Authorization

I hereby certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, immediate termination. I agree to the investigation of all statements contained herein and authorize First Methodist Houston and its affiliates to request and receive information in consideration for my employment.

I hereby authorize the persons and organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability that may result from furnishing such information to First Methodist Houston and its affiliates.

In addition, I understand and agree that all offers of employment are contingent upon successful verification of the information provided in the Employment Application, a cleared background check and/or drug screen. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or myself.

Name (Please Print)	Signature
Date	

DO NOT WRITE BELOW THIS LINE

(To be completed by Human Resources)

Verified by: _____

Date: _____