

UNITARIAN UNIVERSALIST COMMUNITY CHURCH OF SANTA MONICA
 1260 18th Street
 Santa Monica, California 90404
 E-mail: office@uusm.org
 Website: uusm.org

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE

NAME (LAST NAME FIRST)	PHONE NO.
PRESENT ADDRESS	
PERMANENT ADDRESS	
SOCIAL SECURITY NO.	REFERRED BY

DESIRED POSITION

TITLE OF POSITION	DESIRED SALARY/WAGE	DATE YOU CAN START
ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOUR PRESENT EMPLOYER, IF APPLICABLE?	
HAVE YOU EVER APPLIED TO THIS COMPANY AND IF SO, WHEN?		

EDUCATIONAL BACKGROUND

	SCHOOL NAME & LOCATION	DATES	GRADUATED? (IF APP.)	SUBJECTS? (IF APP.)
HIGH SCHOOL				
COLLEGE				
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL(S)				

SPECIAL INTERESTS

U.S. MILITARY OR NAVAL SERVICE
SPECIAL SKILLS AND/OR TRAINING
SPECIAL STUDY OR HOBBIES

EMPLOYMENT HISTORY

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER(S)	ENDING SALARY	POSITION HELD	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

APPLICATION FOR EMPLOYMENT / PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS & PHONE NO.	TYPE OF BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the information I have provided in this application is true and complete to the best of my knowledge **and** I understand that one or more falsified statements within this application is grounds for dismissal.

I authorize investigation of all statements contained herein **and**, the references **and** employers listed within to give you any and all information concerning my previous employment **and** any pertinent information they may have, personal or otherwise, **and** I release the company from all liability for any damage that may result from use of said information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medically-related information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWER'S COMMENTS

ABILITIES	HIRE DATE	BEGIN SALARY / WAGES