



www.first-umc.org

FUMC Weekday Ministries
200 W. Lampkin St., Starkville, MS 39759
Tel 662-323-7382 Fax 662-338-3396
weekday@first-umc.org

Dear Applicant:

Thank you for your interest in working at First United Methodist Church Weekday Ministries. WDM is a non-profit religious organization. We are an equal opportunity employer and do not unlawfully discriminate in employment. No questions on this application will be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. WDM employs both full-time and part-time staff. For student employees, priority is given to those able to make a commitment to fall, spring, and summer term.

The State Department of Health **requires** that the following items be included as part of your application:

1. A completed application and resume.
2. Documentation of education, training, and/or experience necessary for the position for which you are applying (copy of most recent diploma, college transcript, BANNER print out of current class schedule for student workers).

Once hired:

3. Letter of suitability, if you have previously worked in child care in Mississippi, or we will complete a Child Abuse Registry/Fingerprints if hired.
4. Documentation of immunizations recorded on a **MS 121 form from the MSDH**. You may obtain a copy from the Oktibbeha County Health Department.

Please note that incomplete applications cannot be considered. We appreciate your interest in the FUMC Weekday Ministries program and look forward to receiving your completed application.

Thank you,

Shanna Walker, Director

Personal Information:

Full Name: _____ Date: _____
Last First Middle Initial

Date of Birth: _____ Driver's License Number: _____

Email Address: _____

Permanent Address (This is where someone will always be able to locate you- this is for W-2 Tax purposes. Example: your parents):

_____/_____
Street Address Apt. # Home Phone

_____/_____
City State Zip Code Cell Phone

Local Address (If different):

_____/_____
Street Address Apt. # Home Phone

_____/_____
City State Zip Code Cell Phone

Church Membership: _____ Cell Phone Provider: _____

Upon employment, all employees must submit legal proof of age (employees must be 18 years or older). Can you furnish proof? _____ Yes _____ No

Is there any reason you would legally be prevented from working in the United States? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No
(A conviction will not automatically bar employment). If yes, please explain:

How did you find out about this job opening? _____

Emergency Information:

Emergency Contact 1: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

Emergency Contact 2: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

Doctor's Name: _____ Phone Number: _____

Do you carry insurance? If so, who with? _____

Getting to Know You:

Type of employment desired: ____ Full- Time ____ Part- Time Number of hours preferred ____

Are you currently employed? ____ Yes ____ No Date you can begin work: _____

Why are you interested in this position? _____

What special training or experience have contributed to your qualifications for this position? (Examples include talents, skills, hobbies, volunteer work)

In your opinion, what is the most important thing a church-related child care program can contribute to the lives of children?

Do you have any known medical conditions? If yes, please explain:

Do you have any type of allergy? If yes, please explain:

Do you have transportation to work? ____ Yes ____ No

Are you currently CPR/First Aid certified? ____ Yes ____ No Date of last certification: _____

*Please provide a photo copy of your current certification.

If hired, would you need child care services from our center? ____ Yes ____ No

If yes, please list the name and date of birth of the child(ren) needing care here:

1. _____

Name

Date of Birth

2. _____

Name

Date of Birth

*Applicants for employment: Please be aware that we have limited spaces at WDM. For infants and toddlers, we fill these spaces by our waiting list. 2's, 3's, and 4's spaces are filled during registration.

Education: (We will need a copy of your diploma from your most recently completed education)

High School: _____ Graduation Date: _____

College _____ Major area of study: _____

Graduation Date (or expected date): _____

*If you are currently a student, please attach a copy of your current class schedule.

I will be available to work during the ____ Fall ____ Spring ____ Summer

Work Experience:

Child care related experience:

Please attach a copy of your current resume.

References:

List Three References (Family may not be listed):

1. Name: _____ Title: _____

Address _____ Phone: _____

2. Name: _____ Title: _____

Address _____ Phone: _____

3. Name: _____ Title: _____

Address _____ Phone: _____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or other organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

Signature

Date