



Dove of the Desert United Methodist Church
 7201 West Beardsley Road
 Glendale, AZ 85308
 623-572-7334



APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address	City	State	Zip Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Social Security Number	Date of Birth	Valid Driver's License Number	
Job Position	Availability <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		
Hours You Are Available to Work			
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone

EXPERIENCE (Volunteer or Paid)

Please list previous work experience			
Employer	Position	Start Date	End Date
Employer	Position	Start Date	End Date
Special Interests and Hobbies			
Hours you are available _____ Days _____ Evenings _____ Weekends			
Please list any education, experience, certifications, or other training relevant to this position			



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AUTHORIZATION FOR BACKGROUND CHECK

I, _____, hereby authorize Dove of the Desert United Methodist Church to obtain and/or request information about my criminal history from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me. Whether said file is a local, state or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release Dove of the Desert United Methodist Church from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

Signature of Applicant _____ Date _____

- Have you ever been *convicted* of a criminal offense? Yes No
- Do you currently have any criminal actions pending? Yes No
- Are you currently on probation or parole? Yes No

If you answered "Yes" to any of the above, please explain _____

Name (Last)	(First)	(Middle)	
Address	City	State	Zip Code
Other names used by applicant (if any)			
Date of Birth	Place of Birth	Social Security Number	
Driver's License Number	Issuing State	License Expiration Date	



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PERSONAL REFERENCES

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

APPLICANT STATEMENT
 (Please Read and Sign Below)

I certify that this application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration. I understand that this application is not valid without my signature.

Print Name _____

Signature _____ Date _____