

# The United Congregational Church of Holyoke

300 Appleton Street, Holyoke, Massachusetts, 01040

(413) 532-1483

office.uccholyoke@gmail.com

## Employment / Job Application

Please complete the entire application. A resume or separate attachment may be included.

It is the policy of The United Congregational Church of Holyoke to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

### PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ DESIRED PAY: \$ \_\_\_\_\_  HOUR  SALARY

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  SEASONAL

Are you able to submit proof that you are legally eligible for employment in the United States  Yes  No

### EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN?  YES  NO\*

\*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.?  YES  NO

### EDUCATION

HIGH SCHOOL: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO

COLLEGE: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TRADE SCHOOL OR OTHER EDUCATION: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

# EMPLOYMENT HISTORY

Additional employment history may be provided with an attached resume.

**EMPLOYER #1:** \_\_\_\_\_ **SUPERVISOR NAME:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **RESPONSIBILITIES:** \_\_\_\_\_

**STARTING DATE:** \_\_\_\_\_ **ENDING DATE:** \_\_\_\_\_ **STARTING PAY** \_\_\_\_\_ **ENDING PAY** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

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**EMPLOYER #2:** \_\_\_\_\_ **SUPERVISOR NAME:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **RESPONSIBILITIES:** \_\_\_\_\_

**STARTING DATE:** \_\_\_\_\_ **ENDING DATE:** \_\_\_\_\_ **STARTING PAY** \_\_\_\_\_ **ENDING PAY** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

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**EMPLOYER #3:** \_\_\_\_\_ **SUPERVISOR NAME:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **RESPONSIBILITIES:** \_\_\_\_\_

**STARTING DATE:** \_\_\_\_\_ **ENDING DATE:** \_\_\_\_\_ **STARTING PAY** \_\_\_\_\_ **ENDING PAY** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

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# REFERENCES

Must provide at least two references that are not related to you.

REFERENCE #1: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_ HOW LONG KNOWN: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERENCE #2: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_ HOW LONG KNOWN: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Are you willing to work any shift, including nights and weekends?  Yes  No

Are you 18 years or older?  Yes  No

Position requires a reliable form of transportation. Do you have a reliable form of transportation?  Yes  No

If asked, are you willing to consent to completing a CORI Application?  Yes  No

## Certification

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

I authorize The United Congregational Church of Holyoke to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I further authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_