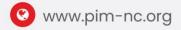


United Methodist Women National Mission Institution Employment Application

Name:				
Email address:	Contact Number:			
Mailing Address:				
Street		City	State	Zip Code
Are you eligible to work ii	n the U.S? YES NO	Are you un	ider the age of 18 ? 🗆	lyes □no
	of a Felony in the last 5 years			
Position Applying for:		E	Expected Pay:	
What date are you availab	ole to start work?			
<u>Education</u>				
High School Name	City, State, & Zip Code	Date Graduated	Diploma Rece	ived
College/University Name	City, State, & Zip Code	Date Graduated	Degree Recei	ved
College/University Name	City, State, & Zip Code	Date Graduated	Degree Recei	ved
College/University	City, State, & Zip Code	Date Graduated	Degree Recei	ved





Present or Most Recent Position:			
Employer:			
Position Title:	Contact Numb	er:	
Address:			
Street	City	State	Zip Code
Supervisor:	Supervisor's email:		
May we contact? ☐ YES ☐ NO	Phone:		
From: To:	Salary:		
Responsibilities			
Reason for leaving:			
Reason for leaving:			
Reason for leaving: Employer: Position Title:			
Employer:	Contact Number:		
Employer: Position Title:			
Employer: Position Title: Address:	Contact Number:City	State	Zip Code
Employer: Position Title: Address: Street Supervisor:	Contact Number:	State	Zip Code
Employer: Position Title: Address: Street	Contact Number: City Supervisor's Email:	State	Zip Code
Employer: Position Title: Address: Street Supervisor: May we contact? YES NO From: To:	Contact Number: City Supervisor's Email: Phone:	State	Zip Code
Employer: Position Title: Address: Street Supervisor: May we contact? YES NO From: To: Responsibilities:	Contact Number: City Supervisor's Email: Phone:	State	Zip Code
Employer: Position Title: Address: Street Supervisor: May we contact? YES NO From: To: Responsibilities:	Contact Number: City Supervisor's Email: Phone: Salary:	State	Zip Code

Employer:			
Position Title:	Contact Number	er:	
Address: Street			
Street	City	State	Zip Code
Supervisor:	Supervisor's Email:	:	
May we contact? ☐ YES ☐ NO	Phone:		
From: To:	Salary:		
Responsibilities:			
Reason for leaving:			
3 References (Include Name, Title, A	Address, Phone)		
☐ I certify that all information provided false information may be grounds for not the future if I am hired. I authorize the	ot hiring me or for immedi	ate termination of en	nployment at any point in
Signature:		Date:	



Partners In Ministry

CONSENT FORM AND WAIVER

I hereby give consent to Partners In Ministry (PIM) to take and use images (photographs or videotape) or sounds recordings of me and/or the minor patient or person named below for whom I am giving consent, and disclose confidential patient information about me and/or the minor patient or person, to or in any public media, including radio, television, internet or print, or in a Partners In Ministry (PIM) publication.

I understand that the intended use of such images and confidential information is for advertising, marketing, fundraising or promotional purposes of Partners In Ministry (PIM). I understand that Partners In Ministry (PIM) cannot be held liable for any injuries or illness that I suffer while performing volunteer work, or utilizing equipment of facilities on Partners In Ministry's (PIM) property. I expressly waive any such claim for compensation of liability on the part of Partners In Ministry; this includes the owner of any said project, program, or activity.

I also grant Partners In Ministry (PIM) and it's assignees, designees, licensees, and agents the IRREVOCABLE, PERPETUAL, ROYALTY-FREE, NON-EXCLUSIVE, and WORLDWIDE right to record and use my biological information, picture, portrait, photograph, video footage, voice, words, music (including words/lyrics), audio in all forms and in all media now in existence or developed in the future and in all manners, to include promotional efforts, dissemination to publishers and/or media outlets, and/or other lawful purposes.

I acknowledge that this consent and authorization for release of confidential information is being made solely for the benefit of Partners In Ministry (PIM) and without any expectation of compensation or other benefit to the minor patient or person or the family thereof. To the extent that any benefit accrues or might accrue to Partners In Ministry (PIM) from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge Partners In Ministry (PIM) (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

Name of Consenting Individual, Parent or Guardian Relationship to Minor Patient or Perso		
Print Name of Consenting Individual, Parent	Signature of Consenting Individual, Parent	
Date:		



Notification and Authorization to Release Criminal Information for Employment Purposes

Notification

Notification		
condition of employment. This check in felony and misdemeanor convictions at	ncludes the following: the county and federal during the past 7 year	rs; and sex offender registry searches at the
Initial		
Authorization		
I hereby authorize PARTNERS IN MIN above. In connection with this, I also authorize background check organizations to assist Validity Screening Solutions has been seassist PARTNERS IN MINISTRY in columns.	ithorize the use of law st PARTNERS IN MIN ecured as a third party	venforcement agencies and/or private NISTRY in collecting this information. vendor (consumer reporting agency) to
employment. Such information will be	used to determine whe or my ability to perfor	d/or convictions are not an absolute bar to ether the results of the background check rm the duties of my position in a manner yees, and other University community
Position(s) Applied for:		
Please print (for identification purposes	s):	
Full Legal Name:		
First	Middle	Last
Other Names You Have Used in Past Ser	ven Years:	
Current Address:		
Previous Address (most recent):		
Addresses in the 7 years prior to comple	ting this authorization	n:
Phone Number:	Alternate Phone Ni	Tumber:
Date of Birth:Month/Day/Year	Gender: Female□	Male□
Social Security Number:		

State of Driver's License:

Driver's License #_____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you? □ YES □ NO
f yes, please explain:
*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.
To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with Partners In Ministry. By signing below, I hereby provide my authorization to Partners In Ministry to conduct a criminal background check and I acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act which is attached. In addition to those rights, I understand that I have a right to appeal an adverse employment decision made by Partners In Ministry based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from Partners In Ministry's receipt of such appeal.
Signature: Date: