



United Methodist Women National Mission Institution
Employment Application

Name: _____

Email address: _____ Contact Number: _____

Mailing Address:

Street	City	State	Zip Code
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Are you eligible to work in the U.S? YES NO

Are you under the age of 18 ? YES NO

Have you been convicted of a Felony in the last 5 years? YES NO

If yes, please explain: _____

Position Applying for: _____ Expected Pay: _____

What date are you available to start work? _____

Education

High School Name	City, State, & Zip Code	Date Graduated	Diploma Received
College/University Name	City, State, & Zip Code	Date Graduated	Degree Received
College/University Name	City, State, & Zip Code	Date Graduated	Degree Received
College/University	City, State, & Zip Code	Date Graduated	Degree Received

910-277-3355

info@pim-nc.org

www.pim-nc.org

Skills and Qualifications: License, Skills, Training, Awards: _____

Present or Most Recent Position:

Employer: _____

Position Title: _____ Contact Number: _____

Address: _____

Street	City	State	Zip Code
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Supervisor: _____ Supervisor's email: _____

May we contact? YES NO Phone: _____

From: _____ To: _____ Salary: _____

Responsibilities _____

Reason for leaving: _____

Employer: _____

Position Title: _____ Contact Number: _____

Address: _____

Street	City	State	Zip Code
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Supervisor: _____ Supervisor's Email: _____

May we contact? YES NO Phone: _____

From: _____ To: _____ Salary: _____

Responsibilities: _____

Reason for leaving: _____

Employer: _____

Position Title: _____ Contact Number: _____

Address: _____

Street	City	State	Zip Code
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Supervisor: _____ Supervisor's Email: _____

May we contact? YES NO Phone: _____

From: _____ To: _____ Salary: _____

Responsibilities:

Reason for leaving: _____

3 References (Include Name, Title, Address, Phone)

I certify that all information provided as part of this application is true and complete. I understand that any false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

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 Person

Print Name of Consenting Individual, Parent

Signature of Consenting Individual, Parent

Date: _____



Notification and Authorization to Release Criminal Information for Employment Purposes

Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

_____ Initial

Authorization

I hereby authorize PARTNERS IN MINISTRY to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist PARTNERS IN MINISTRY in collecting this information. Validity Screening Solutions has been secured as a third party vendor (consumer reporting agency) to assist PARTNERS IN MINISTRY in collecting and verifying information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for PARTNERS IN MINISTRY students, employees, and other University community members. _____ Initial

Position(s) Applied for: _____

Please print (for identification purposes):

Full Legal Name: _____
First Middle Last

Other Names You Have Used in Past Seven Years: _____

Current Address: _____

Previous Address (most recent): _____

Addresses in the 7 years prior to completing this authorization: _____

Phone Number: _____ Alternate Phone Number: _____

Date of Birth: _____ Gender: Female Male
Month/Day/Year

Social Security Number: _____

Driver's License # _____ State of Driver's License: _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

YES NO

If 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: _____