

**The Unitarian Universalist Congregation of Grand Traverse
Job Application**

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address

Name (First, MI, Last):	
Mailing Address:	City, State, and Zip Code:
Main Telephone:	Alternate Phone:
Email:	If under 18, please list age:

Job Type

Please list position(s) of interest:	Are there any days/times you <u>can't</u> work?:
How many hours can you work weekly?:	Date available to begin:

Additional Information

Have you ever worked for UUCGT or another congregation before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:		
Do you have a driver's license? <input type="checkbox"/>Yes <input type="checkbox"/>No	Driver's License Number:	State Issued:
Have you had any accidents/moving violations in the past three years? <input type="checkbox"/>Yes <input type="checkbox"/>No	If so, how many?	

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Educational History and Experiences

High School (Add Additional Rows As Necessary)

School:	Location/Address:	Years:	Major(s):	Degree/Date Awarded:

College, Graduate, Trade School, and All Other Education/Degrees (Add As Necessary)

School:	Location/Address:	Years:	Major(s):	Degree/Date Awarded:

The Unitarian Universalist Congregation of Grand Traverse is open to employing people of all backgrounds, including those without formal education. Please list other experiences and/or trainings that you feel are relevant to the position for which you have applied:

Work Experience

<i>Please list your most recent three work experiences/jobs beginning with your most recent.</i>				
Position #1				
Company:		Name of Supervisor:		Hours/week:
Address:			Start Date:	End Date:
City, State, and Zip Code:		Phone:	Last Job Title:	
Reason(s) for leaving (be specific):				

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<i>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:</i>		
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Position #2			
Company:	Name of Supervisor:	Hours/week:	
Address:		Start Date:	End Date:
City, State, and Zip Code:	Phone:	Last Job Title:	
Reason(s) for leaving (be specific):			
<i>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:</i>			
May we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Position #3			
Company:	Name of Supervisor:	Hours/week:	
Address:		Start Date:	End Date:
City, State, and Zip Code:	Phone:	Last Job Title:	
Reason(s) for leaving (be specific):			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact this employer? Yes No

References

Excluding relatives and prior employers, please include the name, phone number, email address, and circumstances of your acquaintance.

1. Name: _____ **Phone:** _____
Email: _____
Circumstances of Acquaintance: _____ **Length of Time:** _____

2. Name: _____ **Phone:** _____
Email: _____
Circumstances of Acquaintance: _____ **Length of Time:** _____

3. Name: _____ **Phone:** _____
Email: _____
Circumstances of Acquaintance: _____ **Length of Time:** _____

4. Name: _____ **Phone:** _____
Email: _____
Circumstances of Acquaintance: _____ **Length of Time:** _____

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature: _____ **Date:** _____

Please return to a.jensen@uucgt.org or via mail: 6726 Center Road Traverse City, MI 49686.