



# Employment Application

Please return completed application to:  
 UMCM Suncoast  
 Attention: HR Department  
 12945 Seminole Boulevard, Bldg 2  
 Largo, FL 33778

Email: [hr@umcmsuncoast](mailto:hr@umcmsuncoast)  
 FAX: 727-286-6293

United Methodist Cooperative Ministries/Suncoast, Inc. (UMCM Suncoast) is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation, or physical or mental disability

## PERSONAL INFORMATION

Last Name	First	Middle Initial	Other Names Used
Email			Home Phone #
Complete Address (Street, Apt. #, City, State, Zip)			Cell Phone #
Position You Are Applying For	Referred By		Salary Desired
Have you ever interviewed with the Agency previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date, job sought, and location	
Have you ever been employed previously by the Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date, job title, and location	
Have any relatives been employed by the Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date, job title, and location	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**EDUCATION**

Check Highest Grade Completed:    High School     9     10     11     12

College, Trade or Business     1     2     3     4

Graduate Studies: Area of Study: \_\_\_\_\_

Name of School	Address	Major Studies	Degree, Diploma, License or Certificate Earned
High School			
College/University			
Vocational, Business, Other			
List any Professional Designations			
Other Special Knowledge, Skills, or Qualifications			

**CREDENTIALS/CERTIFICATIONS**

Please list all credentials and/or certifications you have pertaining to the position for which you are applying, ie. CDA, CPR, First Aid, Drug/Alcohol, ProLiteracy ESOL Tutor, ProLiteracy Tutor, etc. (All employees may be screened by the Department of Children and Families and finger printed as required by the State of Florida to work with children and youth.

Title of Certification/Credential	Date Presented	Presented By	Expiration Date

### EMPLOYMENT HISTORY

List your last 5 years of employment, including the start/end dates as month/year, starting with the most recent position. All information must be completed on this form. Please also attach your resume if it has not already been submitted.

Employed from	Employer Name	Supervisor Name	Starting Salary
Employed until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed from	Employer Name	Supervisor Name	Starting Salary
Employed until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed from	Employer Name	Supervisor Name	Starting Salary
Employed until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

**EMPLOYMENT HISTORY /Continued**

(This page is provided for additional employment history if needed)

Employed from	Employer Name	Supervisor Name	Starting Salary
Employed until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

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Employed until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

### PROFESSIONAL & PERSONAL REFERENCES

List two past supervisors or colleagues who have knowledge of your qualifications or the position for which you are applying, plus one person who is not related to you as a personal reference.

Reference #1	Full Name	Phone	Email
	Street Address	City	State & Zip
Reference #2	Full Name	Phone	Email
	Street Address	City	State & Zip
Reference #3	Full Name	Phone	Email
	Street Address	City	State & Zip

### OUTSIDE ACTIVITIES

Volunteer Activities: \_\_\_\_\_

Offices Held in Volunteer Organization: \_\_\_\_\_

Hobbies & Special Interests: \_\_\_\_\_

### TEACHING POSITION

If you are applying for a teaching position or a position working with children or youth, please list skills you have in arts and crafts, music, drama, computer lab, photography, sports, CPR, First Aid, etc.

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by United Methodist Cooperative Ministries/Suncoast (UMCM Suncoast), I shall be subject to dismissal if any information that I have given in this application is false or misleading, or if I have failed to give any information herein requested, regardless of the time elapsed after discovery of same.

I authorize UMCM Suncoast to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to UMCM Suncoast and will hold UMCM Suncoast and my former employer harmless from any claim made of the basis that such information was provided or that any employment decision was made on the basis of such information. I further authorize UMCM Suncoast to obtain any credit and consumer check deemed appropriate.

I understand that nothing in this employment application, the granting of an interview, or my subsequent employment with UMCM Suncoast is intended to create an employment contract between myself and UMCM Suncoast under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by UMCM Suncoast or me at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

I understand that, if employed, I will be required to provide original documents that verify my identity and right to work in the United States, as defined by the current federal definition of eligible workers. The documents provided will be used by UMCM Suncoast according to federal laws governing employers' reporting of employees' eligibility status.

I understand that, upon hire, UMCM Suncoast uses the E-Verify system to determine whether the Form I-9 documentation I have presented is valid. This may provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS) with information from my Form I-9. (Note: E-Verify is not used to pre-screen job applicants or re-verify current employees. If the US Government cannot confirm that a newly hired employee is authorized to work, UMCM Suncoast will provide you written instructions and an opportunity to contact SSA and/or DHS before taking any action, including termination of new employment.)

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date MM/DD/YY