**EMPLOYMENT APPLICATION**

**UNITARIAN UNIVERSALIST CHURCH OF BLOOMINGTON, INDIANA**

It is the policy of the Unitarian Universalist Church of Bloomington, Indiana, Inc. not to discriminate in it benefits, hiring practices, activities, services or membership on the basis of the race, religion, color, sex, national origin, ancestry, sexual orientation or disability of any individual. Notwithstanding our commitment to this principle, we accept the appropriateness of those with common bonds associating in groups limited to their community for purposes of sharing and growth. All such groups are called on to uphold the highest standards of caring and respect for other communities within our Church. (Bylaws Section 2.3 Non-discrimination and Affinity Groups.)

Our congregation has been recognized as a Welcoming Congregation by our continental organization, which means that we welcome all who will join with us in the search for truth and meaning, including those of all sexual orientations and gender preference.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL INFORMATION (Please print)

Name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First M.I.

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street City Zip

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: H.S. graduate? Y/N College graduate? Y/N Attend School now? Y/N

Date available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you any physical limitations or conditions preventing you from performing certain types of activities relating to work involved in the position being applied for? Yes\_\_\_ No\_\_\_

If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK EXPERIENCE (Include volunteer experience which relates to the job you are applying for.)

Dates Worked Employer & Phone Number Job Title & Duties Performed

From:

To:

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From:

To:

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From:

To:

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From:

To:

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From:

To:

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REFERENCES

Personal:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional (former employers):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISCLOSURE POLICY

While we intend that the information given on this form will be used discreetly, our church is largely a volunteer organization, with many layers of responsibility and concern. Under these circumstances we cannot guarantee complete confidentiality, although we will make every effort to insure that it does remain confidential.

APPLICANT’S AUTHORIZATION STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or religious organizations listed in this application to give the Unitarian Universalist Church of Bloomington (UUCB) any information (including opinions) that they may have regarding my character and fitness for the position being applied for. In consideration of the receipt and evaluation of this application by the UUCB, I hereby release any individual, organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and policies of the UUCB and to refrain from conduct that is illegal or prohibited by church policy in the performance of my services on behalf of the church.

**CRIMINAL BACKGROUND CHECK PERMISSION:**

\_\_\_ I give permission for a criminal background check to be requested as I am being considered for possible employment.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_