



The Methodist Home for Children and Youth

P.O. Box 2525 • Macon, Georgia 31203-2525

(478) 751-2800 • Fax: (478) 738-0201

EMPLOYMENT APPLICATION

Please answer all questions. Applications cannot be processed if any areas are left blank.

Last Name		First Name		Middle Name		Position Desired	
Street Address						Are you interested in: (Direct Care Only) <input type="checkbox"/> Day Shift (7:00 AM – 3:00 PM) <input type="checkbox"/> Evening Shift (3:00 PM – 11:00 PM) <input type="checkbox"/> Night Shift (11:00 PM – 7:00 AM)	
City		State		Zip Code		Home Telephone Number	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						Business Telephone Number	
If yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						Other Telephone Number	
Have you ever applied for employment with The Methodist Home? <input type="checkbox"/> Yes <input type="checkbox"/> No						What is your minimum salary requirement? \$ _____ (Annual or Hourly) (Please do not write negotiable)	
If yes, what month and year:							
Have you ever been employed with The Methodist Home? <input type="checkbox"/> Yes <input type="checkbox"/> No						Social Security Number - -	
If yes, what month and year:							
Do you have a valid Georgia Driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No						When will you be available to begin work?	
License Number:				State:			
Have you ever been convicted of or pled nolo contendere (no contest) to a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No						Vehicle Operation Experience: <input type="checkbox"/> Passenger <input type="checkbox"/> Light Truck <input type="checkbox"/> Heavy Truck or bus <input type="checkbox"/> Van (15 passenger)	
If yes, a detailed explanation MUST be filed with this application.							
Have you ever been removed or dismissed from any employment position? <input type="checkbox"/> Yes <input type="checkbox"/> No						How did you hear about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral: Referred By:	
If yes, Please explain:							

Mission Statement

In response to Christ and the church, the mission of The Methodist Home for Children and Youth is to provide a redemptive ministry in South Georgia of healing and nurturing to children, youth and their families in the least restrictive and most appropriate setting, enabling them to grow in wholeness and freedom in order to become more productive individuals in society and the Kingdom of God.



EMPLOYMENT HISTORY

PLEASE NOTE: INDICATE IN FULL YOUR EXPERIENCE, STARTING WITH THE PRESENT.
EMPLOYMENT HISTORY MUST BE FOR **10 YEARS** AND LEAVE **NO** GAPS.

Company Name:	Telephone:
Address:	Employment Dates: (Month and Year)
City: State: Zip:	From: To:
Job Title:	Yearly Salary Starting: Ending:
Name of Supervisor:	Telephone (if different from above):
Did you receive any disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	Specific Reason for Leaving:

Company Name:	Telephone:
Address:	Employment Dates: (Month and Year)
City: State: Zip:	From: To:
Job Title:	Yearly Salary Starting: Ending:
Name of Supervisor:	Telephone (if different from above):
Did you receive any disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	Specific Reason for Leaving:

Company Name:	Telephone:
Address:	Employment Dates: (Month and Year)
City: State: Zip:	From: To:
Job Title:	Yearly Salary Starting: Ending:
Name of Supervisor:	Telephone (if different from above):
Did you receive any disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	Specific Reason for Leaving:

****PLEASE ASK FOR EXTRA EMPLOYMENT SHEETS IF NEEDED****

Have you ever had your professional license suspended or revoked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you ever had a complaint filed against you with the Department of Protective and Regulatory Services (Child or Adult Protective Services) in Georgia or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No
State/County: Date:
Explain:

Final Result of Complaint:

EDUCATION:

School	Name and Location	Course of Study	Year Graduated	Degree or Diploma
High School				
Business / Trade School				
College / University				
Graduate School				

QUALIFICATIONS: (What skills and certifications do you possess that would qualify you for this position?)**CHURCH AFFILIATION**

Name of Church:

Address:

Pastor:

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS**MILITARY SERVICE RECORD**

(Indicate whether on active duty or in reserve status)

Branch of Service	Inclusive Dates	Beginning Rank	Rank at Discharge	Type of Discharge	Remarks

REFERENCES

LIST AT LEAST FOUR PERSONAL REFERENCES WHOM YOU HAVE KNOWN A MINIMUM OF 2 YEARS: (former employers, professors, etc.)

Name	Official Position	Mailing Address, Zip and Telephone #

EEO STATEMENT

The Methodist Home is an equal opportunity employer. We do not discriminate on the basis of race, color, creed, national origin, age, disability, sex, or any other characteristic protected by federal, state, or local law. The Methodist Home will make a reasonable accommodation to known physical or mental limitations of a qualified application or employee with a disability unless the accommodation would impose an undue hardship on the operation of our organizations.

The Methodist Home does give preference to individuals who embody our mission as reflected in our Mission Statement.

The Methodist Home complies with the State of Georgia Office of Regulatory Services child caring regulations. Employees must comply with any health examination or immunization requirements mandated by that office as well as a State of Georgia Criminal Records Check.

It is understood that should I be employed by The Methodist Home, due to the nature of my duties, it will be necessary for me to attend the United Methodist Church when on duty with the children.

A thirty day notice is required should I decide to terminate my employment. All employees have a 90-day probationary period.

I understand that The Methodist Home may make inquiries, which will provide applicable information, and I request each former employer, school and person given as a reference, and credit bureaus, governmental and law enforcement agencies to answer questions that may be asked concerning me.

I understand that any false statements or omission of questions asked on this application will be just cause for immediate dismissal.

I further understand all employees of The Methodist Home for Children and Youth will be subject to drug testing and/or alcohol testing when the management of The Methodist Home suspects the use or presence of illegal drugs and/or alcohol while being by The Methodist Home. Any presence of drugs and/or alcohol or use of drugs and/or alcohol can and will result in immediate discharge unless the employee in question can provide medical justification for the presence of such substances.

Do you smoke? Yes No Do you drink alcohol? Yes No

Do you believe that you are able to uphold the mission statement of The Methodist Home?

Yes No

By signing this, I attest that the above information is accurate and complete to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

****THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE PROCESSED****