



SALEM UNITED CHURCH
OF CHRIST
Living Out God's Love

502 Mark Drive
P.O. Box 930125
Verona, WI 53593
608-845-7315

Staff Application
Infant, Children, and Youth Programs
Salem UCC, Verona WI

YOUR NAME: _____

YOUR ADDRESS: _____

CITY/ZIP CODE: _____

HOME TELEPHONE: _____ Mobile : _____

E-MAIL: _____

Thank you for applying to work with our infants, children, & youth!

FOR OFFICE USE ONLY:

Date Completed:

_____ Safe Church Training (trained by _____)
 _____ Application Form
 _____ Safe Church Participation Covenant Statement
 _____ Safe Church Covenant for Youth and Leaders
 _____ Authorization for Background Check (if over 18)

OFFICE ADMINISTRATOR:

Date: _____ Completed Background Check* (Office Administrator Initials _____)

*All Background Checks are completed by the Church Office Administrator. The results are kept confidential in a secure file in the church office.

Employment history

Dates of Employment (Start with most recent)	Company Name and Address (City, State Zip)	Immediate Supervisor Name and Phone Number	Position Held	Reason for Leaving Position
Started __/__/__ Ended __/__/__				
Started __/__/__ Ended __/__/__				
Started __/__/__ Ended __/__/__				

Educational history

School Name	(City, State Zip)	Type of School	Name of Program or Degree	Program completed?

**References: Please provide 2 references
(at least one must be professional)**

Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family Member				

Volunteer experience

Please list your volunteer experiences with non-profit organizations (use back if needed.)

Organization	Duties	Dates	Contact Person	Phone Number

Our organization appreciates your willingness to share your skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community. Please initial each of the statements below.

- *I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my position.*
- *I understand that I can withdraw from the application process at any time.*
- *My signature indicates that I have read and understand the above.*

Applicant Signature: _____

Date: ____/____/____