

101 RANDOLPH STREET THOMASVILLE, NC 27360 336-472-7718 (OFFICE) 336-472-8742 (FAX) www.mumctville.org

## **EMPLOYMENT APPLICATION**

PERSONAL INFORMATION					
NAME:					
ADDRESS:					
CITY:	STATE:	ZIP:			
HOME PHONE:	Mobile Phone:				
E-MAIL:					
POSITION APPLIED FOR:	DATE AVAILABLE TO START:				
QUALIFICATIONS					
ACADEMIC ACHIEVEMENTS: (Schools attended - high school/college , degr	rees earned, dates of completion	on)			
CONTINUING EDUCATION:					
(Courses taken, dates of completion)					
<b>SKILLS:</b> (Administrative, technology, customer service,	financial, mechanical, etc.)				
PROFESSIONAL ORGANIZATIONS:					
(List any in which you have membership.)					

FIRST AID TRAINING: (circle	one)	YES	NO
CPR TRAINING:(circle one)		YES	NO
XPERIENCE			
employer, name and phone num	yers from the past 10 ber of immediate sup	ervisor, job tit	de name and address of company/ le and decription of duties and sheet can be attached to include all
VOLUNTEER EXPERIENCE: (Please list any relevant volunte supervisor, address and phone r			ties performed in each position, name of tes of volunteer service.)
	not limited to, drug-		A CRIME, EITHER A MISDEMEANOR es, child abuse, other crimes of violence,
IF YES, PLEASE EXPLAIN:			

## **REFERENCES**

Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

2 *Updated 2/5/18* 

NAME:	
ADDRESS:	
DAYTIME PHONE:	_ EVENING PHONE:
LENGTH OF TIME YOU HAVE KNOWN REFERENCE:	
RELATIONSHIP TO REFERENCE:	
NAME:	
ADDRESS:	
DAYTIME PHONE:	_ EVENING PHONE:
LENGTH OF TIME YOU HAVE KNOWN REFERENCE:	
RELATIONSHIP TO REFERENCE:	
NAME:	
ADDRESS:	
	_ EVENING PHONE:
LENGTH OF TIME YOU HAVE KNOWN REFERENCE:	
WAIVER & CONSENT:	
UNITED METHODIST CHURCH TO VERIFY THE INFO CONTACTING THE REFERENCES AND EMPLOYERS I RECORDS CHECK, OR BY OTHER MEANS INCLUDIN AUTHORIZE THE REFERENCES AND EMPLOYERS LIS	IT IS TRUE AND CORRECT. I AUTHORIZE MEMORIAL REMATION I HAVE PROVIDED ON THIS APPLICATION BY HAVE LISTED, BY CONDUCTING A CRIMINAL G CONTACTING OTHERS WHOM I HAVE NOT LISTED. I STED IN THIS APPLICATION TO GIVE YOU WHATEVER ARACTER AND FITNESS FOR THE JOB FOR WHICH I
	BE BOUND BY THE POLICIES OF MEMORIAL UNITED PROPRIATE CONDUCT IN THE PERFORMANCE OF MY
SIGNATURE I HAVE READ THIS WAIVER AND THE ENTIRE APPLI SIGN THIS CONSENT FREELY AND UNDER NO DURE	ICATION, AND I AM FULLY AWARE OF ITS CONTENTS. I ESS OR COERCION.
SIGNATURE OF APPLIC	ANT DATE