Socastee United Methodist Church Employment Application

Applicant Information

| ull Name: | | | | Date: | |
|---------------|---------------------------------------|--------------------------------------|------------------|----------------|-------------------|
| | Last | First | M.I. | | |
| ddress: | | | | | |
| | Street Address | | | | Apartment/Unit # |
| | City | | St | ate | Zip Code |
| ione:_(| _) | | E-mail A | ddress: | |
| nte Availabl | le: | | Social Se | curity #: | |
| sition Appl | ied for: | | De | esired Salary: | |
| re you a citi | zen of the United S | States?I | f no, are you au | thorized to w | vork in the U.S.? |
| ave you eve | r worked for this cl | nurch? | _If yes, when?_ | | |
| ave you eve | r been convicted of | f a felony? | If y | es, explain:_ | |
| • | to perform the essen with our without | ntial functions accommodations: _ | Yes | No | |
| case of acc | ident or illness, ple | ase contact: Name | : | | Relationship: |
| ddress: | | | | | Phone #:_() |
| | | | Education | | |
| gh School: | | | | | City, State: |
| om: | | To: | | Did y | ou graduate?: |
| ollege: | | | | C | ity, State: |
| om: | | To: | De | gree: | |
| | | | | Cit | ty, State: |
| her: | | | | | |
| | | To: | D | egree: | |

Previous Employment

| Company: | | Pho | ne:_() | | | |
|---|---|---------------------|---|---|--|--|
| Address: | Supervisor: | | | | | |
| Job Title: | | Starting Salary: | Ending Salary: | | | |
| Responsibilities: | | | | | | |
| From: | To: | Reason for Leaving: | | | | |
| May we contact you | ur previous supervise | or for a reference: | | | | |
| Company: | | Pho | ne:_() | | | |
| Address: | | Super | visor: | | | |
| Job Title: | | Starting Salary: | Ending Salary: | | | |
| Responsibilities: | | | | | | |
| From: | To: | Reason for Leaving: | | | | |
| May we contact you | ur previous supervis | or for a reference: | | | | |
| Company: | Phone:_() | | | | | |
| Address: | | Supervisor: | | | | |
| Job Title: | | Starting Salary: | Ending Salary: | | | |
| Responsibilities: | | | | | | |
| From: | To: | Reason for Leaving: | | | | |
| May we contact you | ur previous supervis | or for a reference: | | | | |
| employment reference subsequently hired, the checking of you are the checking of your area. | nces may be checked you may be dischar ar references. | | omitted any facts on this appliake a written request for inforn | ication, and are nation derived from authorization to | | |
| Signature: | | | Date: | | | |

References

Please list three professional references.

| Name: | Relationship: |
|----------|---------------|
| Company: | Phone:_() |
| Address: | |
| Name: | Relationship: |
| Company: | Phone:_() |
| Address: | |
| Name: | |
| Company: | Phone:_() |
| Address: | |