**TRINITY UNITED METHODIST CHURCH APPLICATION FOR EMPLOYMENT**
(CIRCLE ONE: Wednesday Kitchen Coordinator or Assistant Position)

NAME:_____DATE:___/___/___PHONE #:_____

ADDRESS:_____
(street) (city) (state) (zip)

EMAIL ADDRESS:_____

How long at this address?_____ If less than 2 years, previous address:_____

REFERRED BY:_____ DATE AVAILABLE:_____

ARE YOU EMPLOYED NOW?_____If so, may I contact your present employer?___yes___no

PLACE OF EMPLOYMENT:_____Position:_____How Long?_____

**EDUCATION**

| Schools Attended | Dates Attended | Degree Received | Major |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please list any volunteer experiences that would relate to the position for which you are applying:
_____

_____

**FORMER EMPLOYERS:** List below last 2 employers, beginning with the most recent.

| Date/Mo/Yr | Name & Address of Employer | Salary | Position | Reason for Leaving |
|---|---|---|---|---|
| From To_____ | _____ | _____ | _____ | _____ |
| From To_____ | _____ | _____ | _____ | _____ |

**REFERENCES:** Please list at least two persons not related to you, whom you have known at least one year.

| NAME | ADDRESS | PHONE # |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**PHYSICAL RECORD:**
Do you have any physical condition which may limit your ability to perform the job for which you applied?_____
If so, in what way?_____

Whom should we notify in case of emergency? Name:_____Phone #_____

Address:_____ Relationship:_____
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On back, please describe why you are interested in this position and how you see it as part of our ministry.

Do you attend Trinity? ____yes ____no If no, what is your church affiliation?_____

Have you ever been convicted of a crime? ___yes ___no If so, what and when?_____

**OFFICE USE ONLY**

Interviewed by:_____ Date:_____

Return to: Director of Discipleship Ministries, Trinity UMC, 1809 N Main St, Anderson, SC 29621.