

**Macon United Methodist General Application**  
**Must be 18 or older to apply**

1) Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2) Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

3) Home Address: \_\_\_\_\_

3b) How long have you lived at this address: \_\_\_\_\_

4) Email address: \_\_\_\_\_

5) Highest Education achieved \_\_\_\_\_ Year \_\_\_\_\_

6) Are you currently a student? Y / N (if yes where) \_\_\_\_\_

7) When do you expect to graduate? \_\_\_\_\_

8) Do we have your permission to do a background check? \_\_\_\_\_

9a) Is there anything in your background you should tell us now? \_\_\_\_\_

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9b) Are there any arrest/charges/conviction that have been filed against you, pending or prior? \_\_\_\_\_

9c) Explain: \_\_\_\_\_

10) Work Experience: Start with the most recent work experience.

10a) Job Title \_\_\_\_\_ Job Duties: \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor / Manager \_\_\_\_\_ May we contact? Yes / No

Title \_\_\_\_\_

Hours/week worked \_\_\_\_\_ Length of time worked \_\_\_\_\_

10b) Job Title \_\_\_\_\_ Job Duties: \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor / Manager \_\_\_\_\_ May we contact? Yes / No

Title \_\_\_\_\_

Hours/week worked \_\_\_\_\_ Length of time worked \_\_\_\_\_

If required for this position being sought, are you able to lift 40 lbs.? Yes / No

If required for this position being sought, are you willing to work Sunday morning and weekday evenings as needed? Yes / No

If required for this position being sought, are you willing to become Safe Sanctuary Certified? Yes / No

Describe your knowledge, skills and abilities that demonstrate your qualifications for the position for which you are applying.

Describe your work experience that makes you a good fit for this position.

Please list three no-family references which we may contact and provide phone numbers.

*Safe Sanctuary training and/or a background check will be done prior to hiring. I understand that any false evidence will be terms for immediate dismissal.*

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**Signature**

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**Date**