

GAY STREET UNITED METHODIST CHURCH

18 North Gay Street
Mount Vernon, Ohio 43050-3287
Phone: 740/392-6626 Fax: 740/393-3492

Full Name _____

Address _____
(street) (city) (state) (zipcode)

Phone Number _____ E-mail _____

Have you been a resident of the State of Ohio for the past five years? _____

If you have not been a resident in the State of Ohio for the past five years, what was your previous address?

(street) (city) (state) (zipcode)

Have you ever been convicted of a felony? _____ Yes _____ No
If yes, please explain on a separate sheet of paper.

EDUCATION

High School _____ College _____

JOB EXPERIENCE

Give your present or most recent job first, work back.

DATES	<i>From</i>	<i>To</i>	<i>Title of Position Held</i>
	<i>Mo/Day/Year</i>	<i>Mo/Day/Year</i>	
	_____	_____	_____

**Present
Or Last
Job**

Name and address of employer: _____

Duties of Job: _____

DATES *From* *To* *Title of Position Held*
Mo/Day/Year *Mo/Day/Year*

**Next
Or Last
Job** Name and address of employer: _____

Duties of Job: _____

Give any additional information, or special qualifications you have for this position. We are particularly interested in any experience you have had working with infants and small children.

REFERENCES

List three (3) persons, other than former employers or relatives, who are familiar with your experiences and can vouch for your character.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is understood and agreed that Gay Street United Methodist Church may contact former employer(s) for verification of my employment history and the Ohio Bureau of Criminal Identification and Investigation (OBCII) for a background check, and I hereby consent to such inquiries.

I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation or employment should I fail to fulfill these conditions.

Signature _____ Date _____