



Methodist Temple Children's Center

2109 Lincoln Avenue
 Evansville, IN 47714
 TEL 812.476.4671
 FAX 812.228.3730
 childrenscenter@methodisttemple.church

Name _____ Date _____
 Address _____ Phone _____
 Zip _____ City, State _____ Social Security Number _____
 Email address _____

Are you legally allowed to work in the United States? Yes or No

Are you able to perform the essential functions of the job for which you are applying? Yes or No

Have you ever been convicted of a felony? Yes or No If yes, please explain: _____

Have you ever participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct? Yes or No If yes, please explain: _____

Education History:	Location	Diploma or Degree	Course of Study
High School			
College/University			
Graduate/Professional			

Employment History: Start with your most recent employer.

Employer	Phone	Starting wage & final wage
Address	Dates worked	Supervisor
Employer	Phone	Starting wage & final wage
Address	Dates worked	Supervisor
Employer	Phone	Starting wage & final wage
Address	Dates worked	Supervisor

May we contact your current employer? Yes or No

Reason for leaving most recent job _____

Please list any special training/skills which enhance your job qualifications that you have acquired from employment or other experience. _____

List three character references:

Name	Phone	Relationship

List three work references:

Name	Phone	Company

What position are you applying for? _____

Circle One: Full-time Part-time

Hours Available:

Monday	Tuesday	Wednesday	Thursday	Friday

I understand that any misrepresentation, misstatement, or omission of fact will be sufficient cause for my not being employed, or for dismissal if employed. I hereby authorize Methodist Temple Children’s Center to check previous employment, references, and conduct a background check for any information through those sources.

Applicant’s Signature _____ Date _____