



**Hawkins United Methodist Church**

**3736 Halls Ferry Road  
Vicksburg, Mississippi 39180**

Employment Application

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

**Education and Work Experience**

**Education:** Check highest level

High School: 9[ ] 10[ ] 11[ ] 12[ ] GED[ ]

Name and State of High School:

\_\_\_\_\_

\_\_\_\_\_

College: [ ] Associate's Degree  
[ ] Bachelor's Degree

[ ] Master's Degree  
[ ] Doctoral Degree

Degree/Major \_\_\_\_\_

Name of College/University \_\_\_\_\_

**Employment Experience:**

Current place of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_

Reason for wanting to leave \_\_\_\_\_

Previous place of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Do you have any physical, visual, or hearing needs we need to consider?  
 No  Yes If yes, describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any accommodations needed in order for you to safely and competently perform the duties in the job description? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a misdemeanor?  Yes  No

If yes, please describe the convictions in detail, including dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

1. Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

I affirm that all the aforementioned information is correct and complete. I understand and agree that I will be fingerprinted and undergo a background check as required for working around daycare children.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature