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Trinity Place & Frederick Street • Nassau • Bahamas

Employment Application Form

Please complete this form in full and submit it to the Church Office.

Position Applied For: _____

Date of Application: _____

A. Personal Information

1. Full Name: _____
2. Home Address: _____
3. Telephone Number(s): (M) _____ (H) _____
4. Email Address: _____
5. Date of Birth: _____
6. Age: _____
7. Nationality: _____
8. NIB Number: _____
9. Are there any limitations or restrictions we should be aware of? If yes describe.

B. Emergency Contact Information

10. Primary Emergency Contact Name: _____

Relationship: _____

Contact Information: (M) _____ (H) _____

Address: _____

11. Secondary Emergency Contact Name: _____

Relationship: _____

Phone Number: (M) _____ (H) _____

Address: _____

12. Next of Kin :

Name: _____

Relationship: _____

Phone Number: (M) _____ (H) _____

Address _____

C. Character & Conduct

13. Are you a member of a church?

☐ Yes ☐ No

If yes, please state church name:

14. Why are you interested in serving as Sexton at Trinity Methodist Church?

15. Do you have a current Police Record/Clearance Certificate?

☐ Yes (Please attach a copy)

☐ No (Please attach a copy)

If yes, are there any convictions or pending matters?

☐ Yes

☐ No

If yes, please explain:

D. Skills, Qualifications & Accomplishments

Work Experience/Employment History

16. Most Recent Employer

Employer Name: _____

Position Held: _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

17. Previous Employer

Employer Name: _____

Position Held: _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

Please list any skills or training you possess that may be beneficial in a church or community setting:

E. References

Please provide **two (2) references**, (one should be a previous employer possible and not a relative).

Reference #1

Name: _____

Telephone: _____

Relationship: _____

Reference #2

Name: _____

Telephone: _____

Relationship: _____

F. Declaration

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements may result in disqualification or dismissal.

Applicant's Signature: _____

Date: _____

For Office Use Only

Date Received: _____

Interview Date: _____

Decision: ☐ Approved ☐ Not Approved

Available date to commence employment: _____

Compensation & Hours of Work

Hours of Work _____ Pay period (weekly) \$ _____ (Monthly) \$ _____

Notes:
