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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

Notes: