

# Youth & Family Center Work Application

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M. I.

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Are you over 18? Yes: \_\_\_ No: \_\_\_

## FAMILY

Spouse or Parents: \_\_\_\_\_

Children or Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

Children or Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

Children or Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

## Church

Where is your home Church? \_\_\_\_\_ How long? \_\_\_\_\_

In what areas did you serve? \_\_\_\_\_

In what areas did you lead? \_\_\_\_\_

Have you attended FUMC Services? Yes \_\_\_\_\_ No \_\_\_\_\_ How Long? \_\_\_\_\_

Have you served in a Ministry of FUMC? Yes \_\_\_\_\_ No \_\_\_\_\_

Which Ministry? \_\_\_\_\_ How Long? \_\_\_\_\_

**Work Experience**

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where \_\_\_\_\_

Have you ever applied for a position with FUMC before? Yes \_\_\_\_\_ No \_\_\_\_\_

Who referred you to the YFC? \_\_\_\_\_

**Former Employers (List below last three employers, starting with last one first)**

Name of present or last employer \_\_\_\_\_

Starting date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of previous employer \_\_\_\_\_

Starting date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of previous employer \_\_\_\_\_

Starting date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Personal References (Give the names of three persons not related to you, whom you have known at least one year)**

Name: \_\_\_\_\_ Known? \_\_\_\_\_ Years

Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Known? \_\_\_\_\_ Years

Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Known? \_\_\_\_\_ Years

**Education**

College: \_\_\_\_\_

Years completed: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Other School: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**Spiritual Walk**

Give a brief description of your personal testimony of how you became a Christian.

What do you do on a consistent basis to keep yourself spiritually fresh and authentic?

**Personality Background**

Please place your personal observations about yourself on the following continuums:

Introverted 3 2 1 0 1 2 3 Extraverted

Routine 3 2 1 0 1 2 3 Variety

Feeler 3 2 1 0 1 2 3 Thinker

Behind the Scenes 3 2 1 0 1 2 3 In Front of People

Working with Individuals 3 2 1 0 1 2 3 Leading a group toward a Goal

People-Oriented 3 2 1 0 1 2 3 Task Oriented

What general skills, spiritual gifts, natural talents, or special abilities do you possess that would contribute to this position?

**Times Available (Place an "X" in any slots when you could be available.)**

Time	6 am	7:00	8:00	9:00	10:00	11:00	12 pm	1:00	2:00	3:00	4:00	5:00	6:00	7:00	8:00	9:00
MON.																
TUE.																
WED.																
THUR.																
FRI.																
SAT.												N/A	N/A	N/A	N/A	N/A
SUN.	N/A	N/A	N/A	N/A	N/A	N/A										

Do you have: Your own transportation? YES / NO Valid driver's license? YES / NO Liability Insurance? YES / NO

Minimum hours needed: \_\_\_\_\_ Optimum hours: \_\_\_\_\_ Maximum hours: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_