



# C. N. JENKINS MEMORIAL PRESBYTERIAN CHURCH

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Rev. Dr. Jerry L. Cannon, Pastor

Interview 1: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ Interview 2: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## EMPLOYMENT APPLICATION

LAST	FIRST	INITIAL	TELEPHONE NUMBER (     )
ADDRESS	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER	
CITY	STATE	ZIP CODE	
POSITION(S) DESIRED: 1. _____ 2. _____			

HOURS AVAILABLE TO WORK <input type="checkbox"/> PART-TIME - # hrs per week _____ <input type="checkbox"/> FULL TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> PERDIEM	INDICATE SHIFT <input type="checkbox"/> DAY <input type="checkbox"/> EVENING	ARE YOU AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?	SALARY REQUESTED?
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ARE YOU A MEMBER OF C.N. JENKINS? <input type="checkbox"/> NO <input type="checkbox"/> YES, HOW LONG _____	HOW DID YOU LEARN ABOUT THIS POSITION?
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IF YOU ARE HIRED, ARE YOU ABLE TO PRESENT PROOF OF LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF "NO" EXPLAIN WHAT TYPE OF VISA
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HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF "YES" PLEASE EXPLAIN
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NAME AND ADDRESS OF SCHOOLS ATTENDED	ACADEMIC MAJOR	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR VOCATIONAL SCHOOL		
COLLEGES OR UNIVERSITIES		
GRADUATE SCHOOL/OTHER		
POST GRADUATE SCHOOL/OTHER		

NAME OF CHURCHES YOU HAVE WORKED FOR: <input type="checkbox"/> _____ <input type="checkbox"/> _____	OTHER FORMAL TRAINING <input type="checkbox"/> TYPING _____ WPM <input type="checkbox"/> WORD PROCESSING/COMPUTER EXPERIENCE <input type="checkbox"/> DICTAPHONE <input type="checkbox"/> GRAPHIC DESIGN <input type="checkbox"/> OTHER SKILLS (Specify) <input type="checkbox"/> ACCOUNTING <input type="checkbox"/> _____ <input type="checkbox"/> _____
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C.N. JENKINS MEMORIAL PRESBYTERIAN CHURCH IS AN EQUAL OPPORTUNITY EMPLOYER.

List most recent employer first (include volunteer work). Please complete in full even though you may have a resume.

<b>Dates Employed</b>		<b>Employer:</b> _____	<b>Title:</b> _____
<b>From</b>	<b>To</b>	<b>Address:</b> _____	<b>Duties:</b> _____
_____	_____	<b>City:</b> _____ <b>State:</b> _____	_____
<b>Salary</b>		<b>Immediate Supervisor:</b> _____	_____
<b>From</b>	<b>To</b>	<b>Phone Number:</b> (_____) _____	_____
_____	_____	<b>Reason for Leaving:</b> _____	_____

<b>Dates Employed</b>		<b>Employer:</b> _____	<b>Title:</b> _____
<b>From</b>	<b>To</b>	<b>Address:</b> _____	<b>Duties:</b> _____
_____	_____	<b>City:</b> _____ <b>State:</b> _____	_____
<b>Salary</b>		<b>Immediate Supervisor:</b> _____	_____
<b>From</b>	<b>To</b>	<b>Phone Number:</b> (_____) _____	_____
_____	_____	<b>Reason for Leaving:</b> _____	_____

<b>Dates Employed</b>		<b>Employer:</b> _____	<b>Title:</b> _____
<b>From</b>	<b>To</b>	<b>Address:</b> _____	<b>Duties:</b> _____
_____	_____	<b>City:</b> _____ <b>State:</b> _____	_____
<b>Salary</b>		<b>Immediate Supervisor:</b> _____	_____
<b>From</b>	<b>To</b>	<b>Phone Number:</b> (_____) _____	_____
_____	_____	<b>Reason for Leaving:</b> _____	_____

**REFERENCES (3 non-family members):**

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

I hereby certify that all information contained on this application is true and complete. I authorize C. N. Jenkins Memorial Presbyterian Church to contact all sources necessary to verify this information. I understand that any misstatement or omission is sufficient grounds for immediate discharge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Please attach resume, thank you.