

## **APPLICATION FOR EMPLOYMENT** NURSERY ASSOCIATE

Name:				
Address:				
	STREET	CITY	STATE	ZIP

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

## **EMPLOYMENT HISTORY**

List previous employers, positions, dates of employment, and salary range.

Employer	Position Title	Dates of Employment

## **REFERENCES**

Provide the names and contact information of individuals who have knowledge of your work ethic, skills, etc.

Reference Name	Length of Relationship	Phone Number

Are you willing to underg	o a criminal background check?	YES	NO	
I,	, certify that the inform	nation I ha	ve provided is	accurate.
Signature	D	ate		

Please return this application to the main office of Greeneville Cumberland Presbyterian Church or scan and email to pastor@gcpchurch.org.