

APPLICATION

Return to:

**LakeRidge United Methodist Church
Attn: DeAnna Ward
4701 82nd Street - Lubbock, Texas 79424
OR email to: dward@lakeridgeumc.org**

All questions must be answered.

Name: _____

Personal Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Current Employer/Position _____

Address: _____ City: _____ St _____ Zip _____

Phone (Business): _____ Supervisor: _____

Years experience in this position: _____

1. If supervisor is not listed as a reference, may we contact him or her? Yes No

EDUCATION:

Institution: _____ Degree: _____ Year Completed: _____

Institution: _____ Degree: _____ Year Completed: _____

Institution: _____ Degree: _____ Year Completed: _____

REFERENCES

Include supervisors and persons who have observed you in ministry

NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____
PHONE (W) _____ (H) _____
EMAIL _____
RELATIONSHIP: (i.e. supervisor, parent, etc): _____

NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____
PHONE (W) _____ (H) _____
EMAIL _____
RELATIONSHIP: (i.e. supervisor, parent, etc): _____

NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____
PHONE (W) _____ (H) _____
EMAIL _____
RELATIONSHIP: (i.e. supervisor, parent, etc): _____

NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____
PHONE (W) _____ (H) _____
EMAIL _____
RELATIONSHIP: (i.e. supervisor, parent, etc): _____