

Recruiter \_\_\_\_\_  
 Community Services Unit \_\_\_\_\_  
 What Types \_\_\_\_\_  
 New member \_\_\_\_\_  
 Existing member # \_\_\_\_\_  
 Manager Name \_\_\_\_\_  
 Director Name \_\_\_\_\_

**M.C.Church Library Education center corp.**  
**Community Services**  
**Application**

6754 W. Church Street  
 Douglasville, GA 30134  
 Phone (770)896-2936  
 Fax (678) 391-0053

P.O.Box 322  
 Douglasville, GA 303133  
 Phone (770) 896-2936  
 Fax (678) 391 0053

Office use only

**E-Mail: [Clebertmerat@mcchurchlibrary.com](mailto:Clebertmerat@mcchurchlibrary.com)**  
**Web-site [www.mcchurchlibrary.com](http://www.mcchurchlibrary.com)**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

How long have you lived in this community? \_\_\_\_\_ Years \_\_\_\_\_ months

**If you have resided at your current address less than a year, please give your previous address:**

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Present Employer \_\_\_\_\_ Type of Work/Title \_\_\_\_\_

Dates of Present Employment From \_\_\_\_\_ To \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Previous Employer \_\_\_\_\_ Type of Work/Title \_\_\_\_\_

1) \_Gas Bill \_\_\_\_\_ \$ \_\_\_\_\_ 2) \_Power Bill \_\_\_\_\_ \$ \_\_\_\_\_

3) \_Phone Bill \_\_\_\_\_ \$ \_\_\_\_\_ 4)-Water Bill \_\_\_\_\_ \$ \_\_\_\_\_

5) \_Rent \_\_\_\_\_ \$ \_\_\_\_\_ 6)-Mortgage Bill \_\_\_\_\_ \$ \_\_\_\_\_

7) \_Weekly income \_\_\_\_\_ \$ \_\_\_\_\_ bi-Weekly \_\_\_\_\_ \$ \_\_\_\_\_ monthly \_\_\_\_\_ \$ \_\_\_\_\_

Have you ever been convicted of a criminal offense?	No	Yes
Have you ever been convicted of a crime involving bounced checks or stolen money?	No	Yes
Have you ever been convicted for use or sale of illegal drugs?	No	Yes
Has your driver's license ever been suspended or revoked?	No	Yes
Have you ever been convicted of child neglect or abuse?	No	Yes
Do you presently hold a valid Georgia Driver's License?	No	Yes

List of the persons **lived in your house** who can verify your qualifications for these Services, if you have previous experience as a volunteer, can you helping this organization. No Yes

Printed Name (Full Name) \_\_\_\_\_

Social Security Number \_\_\_\_\_

**WELCOME TO PHILADELPHIE FRENCH SEVENTH-DAY ADVENTIST CHURCH COMMUNITY SERVICES**

List of the persons **Lived in your house** who can verify your qualifications for those Services

1) Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_ City, ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

2) Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_ City, ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

3) Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_ City, ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

4) Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Address \_\_\_\_\_ City, ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

I hereby authorize the above references to release any information relative to me which may be necessary to determine my qualification for a Food Service with MCCLECC. I understand that MCCLECC will conduct a background check on me. I certify that all the information provided in this application is true and complete. I understand that falsification or omissions of any information may be cause for denial of appointment or dismissal if discovered at a later date. I also certify that I have received a copy of a summary of my rights under the M.C.Church Library Education Center Corp.

I am acquainted with and subscribe to the director of the food Promise and Law. I understand Services is required for any food, and I will participate in these Services as it is offered. I also understand that membership in MCCLECC of the U.S.A. is required and that I am expected to abide by the standards and policies of MCCLECC of the U.S.A. and the M.C.Church Library Education Center Corp. of West Georgia.

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Former Last Names (if applicable) \_\_\_\_\_

Current Address:

\_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Former Address:

\_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name (Full Name) \_\_\_\_\_

\_\_\_\_\_  
Social Security Number \_\_\_\_\_