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APPLICATION FOR CHAPLAIN'S POSITION

	DATE
NAME(Print First) (M) (Print	: Last)
HOME	
ADDRESS	
	SOCIAL SECURITY NO
POSITION APPLIED FOR:	
EDUCATION:	
University:	Degree & Date
Seminary:	Degree & Date
Other:	Degree & Date
	N (training center, supervisor, completion dates)
ORDINATION: (Place, Date, Ordainin	
EXPERIENCE: (List most recent employed)	
1)Place of Employment:Desition Title:De	escription of Duties:
Length of Employment/Dates:	
Supervisor Name and Phone #:	

2) Place of Employment:	
2) Place of Employment:	_
Length of Employment/Dates:	
Supervisor Name and Phone #:	
3) Place of Employment:	
3) Place of Employment:	_
Length of Employment/Dates:	
Supervisor Name and Phone #:	
AGENCY in your denomination that endorses chaplains (include address)	
Your current church (name & address):	
REFERENCES: List 3 with name, address, telephone numbers and years known:	

PLEASE:

Supply a resume and any additional information you feel would be helpful for the Personnel Committee in considering your application.