

EMPLOYMENT APPLICATION FORM

First Baptist Church, PO Box 337, Baldwin, MS 38824

Today's date _____

List job(s) for which you are applying _____

Directions: Print out this form, fill out each section legibly and turn the form in at First Baptist Church's office.

For your information: First Baptist Church is a drug-free workplace. If you are offered a job at FBC, you will be asked to take a drug test. Refusal to submit to a drug test or a positive confirmed test result will be used as a basis to reject you for employment. All employees are subject to random testing. FBC also runs a criminal background check on all new employees and will check your driving record if you are required to drive during the course of your employment.

PERSONAL DATA

Name:

Last _____ First _____ (middle) _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____

Social Security _____

Emergency contact _____ Phone _____

Relationship _____

Have you ever been in the military? Yes _____ No _____ If yes, what branch? _____

ROTC? _____ National Guard? _____ Skills required in service? _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, list type of crime, date of conviction, and penalty imposed _____

Have you ever been a defendant in a civil action? Yes _____ No _____ If yes, give details and disposition of case _____

EDUCATION

High School Diploma? Yes _____ No _____ If yes, where? _____

Business College? Yes _____ No _____ If yes, where? _____

University or College? Yes _____ No _____ If yes, did you graduate? Yes _____ No _____ Where? _____

List of Major and Minor _____

School or college activities in which you were involved? _____

Seminary or other graduate work? Yes _____ No _____ If yes, did you graduate? Yes _____ No _____ Degree _____

EMPLOYMENT HISTORY List 3 with the most recent employment first, or attach resume.

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Starting/ending dates _____ Title/function _____

Supervisor _____ Phone _____ Reason for leaving _____

May we contact this employer? Yes _____ No _____ Phone _____

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Starting/ending dates _____ Title/function _____

Supervisor _____ Phone _____ Reason for leaving _____

May we contact this employer? Yes _____ No _____ Phone _____

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Starting/ending dates _____ Title/function _____

Supervisor _____ Phone _____ Reason for leaving _____

May we contact this employer? Yes _____ No _____ Phone _____

JOB DATA

Check areas in which you have experience or training

COMPUTER/SECRETARIAL

____ Keyboard

____ Bookkeeping

____ Desktop publishing

____ Computer skills (list software in which you are proficient) _____

OTHER

____ Child Care

____ Custodian

____ Maintenance (list specific skills) _____

KITCHEN

____ Cook

____ Helper

CHURCH LIFE

Current member of a church? Yes _____ No _____ If yes, please fill out the following

Name of Church where you hold membership _____

Location _____ Denomination _____

Church activities/ministries involved in _____

Describe your conversion experience _____

HEALTH

How would you describe your general health? _____

Hearing? _____ Eyesight? _____

CHARACTER REFERENCES

Do not list relatives or former employees.

Name of reference _____ Years known _____

Relationship (co-worker, friend, etc.) _____ Phone _____

Name of reference _____ Years known _____

Relationship (co-worker, friend, etc.) _____ Phone _____

Name of reference _____ Years known _____

Relationship (co-worker, friend, etc.) _____ Phone _____

Release Authorization and Drug Free Workplace Notification

I hereby authorize any person bearing this release to obtain information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to academic, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request to the bearer.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance or any attempts to comply with this authorization.

I have received a Drug Free Workplace Policy. I understand that as a condition of my employment I must submit to a pre-employment drug test and that my employment is conditioned upon a negative drug test result.

Signature _____ Date _____