

*Employment Application Booklet*



## APPLICATION FOR CHURCH EMPLOYMENT For Nonminister Employees

**INSTRUCTIONS:** To assist us in better understanding your qualifications and interests and to assure the fullest consideration, please provide all of the information requested on this application. Please read the “disclosure and release statement” found on page five of this application form before answering any of the questions. Sign the application at the bottom of page five and the Lifestyle Considerations statement at the bottom of page six and return this booklet to the church office. If the position for which you are applying requires, also complete the Driving Information Form on page seven.

**PLEASE PRINT OR TYPE ALL INFORMATION**

### PERSONAL

Last Name	First Name	Middle Name	Date of Application
Address		City, State and Zip Code	
Home Telephone (with area code)	Day time phone if different than home (with area code)	Social Security Number	
If you have used a name other than the one listed above during the past five years, please list it here			

Are you 18 years of age or older?

- Yes  No

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?

- Yes  
 No If no, please explain (use a separate sheet if necessary).

### POSITION AND AVAILABILITY

What position are you seeking?	<input type="radio"/> Full-time <input type="radio"/> Part-time	Date you would be available
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### BACKGROUND

*Please provide the following information concerning your church attendance over the past five years:*

Current Church	Dates Attended	Address	Phone
Previous Church			

Are you a United States citizen or alien legally authorized to work in the United States?

- Yes  No

Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration for employment.

- Yes (if yes, please explain fully on a separate sheet)
- No

List each place of residence (including county and state) for the past 5 years:

Address	Name of County (following the name please indicate the number of different residential addresses within each county)	State	Zip	Date (year or years)

### EMPLOYMENT HISTORY

List your last 3 employers beginning with your current or most recent employer:

Current or Last Employer		Address, City, State, Zip			
Position		Supervisor or Contact Person for Reference		Telephone number with area code	
Beginning Date (mo/yr)	Ending Date (mo/yr)	Starting Salary	Ending Salary	Reason for Leaving	
Please describe your duties					

Employer		Address, City, State, Zip			
Position		Supervisor or Contact Person for Reference		Telephone number with area code	
Beginning Date (mo/yr)	Ending Date (mo/yr)	Starting Salary	Ending Salary	Reason for Leaving	
Please describe your duties					

Employer		Address, City, State, Zip		
Position		Supervisor or Contact Person for Reference		Telephone number with area code
Beginning Date (mo/yr)	Ending Date (mo/yr)	Starting Salary	Ending Salary	Reason for Leaving
Please describe your duties				

### EDUCATION

Select the highest grade completed: 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 5+

List all schools beginning with high school:

School	City/State	Dates Attended (mo/yr) From: To:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

### PERSONAL REFERENCES

List below two personal references who are well acquainted with you. **Do not list relatives.**

Name	
Address	
City	
State	
Zip	
Telephone	
Email Address (if available)	

### **ADDITIONAL INFORMATION**

An application form sometimes makes it difficult for an individual to adequately summarize a complete background.

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Also use this section to expand any statements made in other sections of this application form. Attach additional sheets if necessary.

**CONSUMER REPORT DISCLOSURE & RELEASE  
(CHURCH EMPLOYMENT)**

**DISCLOSURE**

As a potential employee of First Baptist Church Callahan (FBCC), background information reports may be requested from PROTECT MY MINISTRY. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from PROTECT MY MINISTRY concerning previous driving record requests made by others from such state agencies and state provided driving records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to FBCC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

FBCC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, *but not limited to*, addresses, social security numbers, and dates of birth.

You have the right to make a request to PROTECT MY MINISTRY, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that PROTECT MY MINISTRY has previously furnished within the two-year period preceding your request. PROTECT MY MINISTRY may be contacted by mail: 18946 N. Dale Mabry Hwy., Suite 101, Lutz, Florida 33548, or by phone: 1-800-319-5581.

**RELEASE**

**I AUTHORIZE, WITHOUT RESERVATION, PROTECT MY MINISTRY, AND ANY PARTY OR AGENCY CONTACTED BY PROTECT MY MINISTRY, TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

PROTECT MY MINISTRY is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for volunteering in the ministries of FBCC, promotion or any other lawful purpose. I agree that such information that PROTECT MY MINISTRY has or obtains, and my volunteer history if I am able, may be supplied by PROTECT MY MINISTRY to other companies that subscribe to PROTECT MY MINISTRY. This authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being able to become a volunteer.

\_\_\_\_\_  
**Print Applicant Name**

\_\_\_\_\_  
**Applicant Signature** *(unsigned application will NOT be considered)*

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Current Physical Address**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

## LIFESTYLE CONSIDERATIONS

Because of the unique and special nature of First Baptist Church Callahan (FBCC), employees are expected to manifest conduct and actions that project an image consistent with the expressed purpose and mission of First Baptist Church. Our members have voluntarily given First Baptist Church a place of influence based upon the values of trust and respect. It is, therefore, imperative that employees favorably represent First Baptist Church.

FBCC has not only the right, but also the responsibility to do everything possible to ensure the stated purpose and mission of FBCC continues in its highest tradition and is not harmed or impeded by unacceptable behavior on the part of its employees.

Conduct that brings embarrassment to FBCC or impedes its credibility with constituents is unacceptable. Conduct or other actions inconsistent with that normally expected of members of FBCC and other Christians are unacceptable. Similarly, conduct or other actions perceived as inconsistent are unacceptable. Examples of such conduct are involvement with alcohol, illegal drugs, premarital or extramarital sex, cohabitation apart from the marriage relationship, homosexuality, and outside interests and pursuits which would normally be considered incompatible with the mission of FBCC.

Consistent with this purpose, the policy of FBCC is to ensure all applicant and employee behavior meets our church's standard of acceptable conduct. As a part of this policy, an individual's current and past conduct is reviewed. Therefore, please respond accordingly to the inquiry below. *A "yes" answer does not automatically disqualify you from further consideration for employment, as each individual's circumstances are reviewed.*

**Do you currently have, or have you had, any lifestyle, conduct, or activity that would project an image that could embarrass First Baptist Church Callahan or impede its credibility with our members and the community-at-large as referred to above?**

Yes     No

**If yes, please explain:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Applicant Signature** *(unsigned application will NOT be considered)*

# DRIVING INFORMATION FORM

Date \_\_\_\_\_

## PERSONAL INFORMATION

*Please provide the following information*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

## DRIVING INFORMATION

*Key point: clearance must be obtained from the church's insurance carrier before you drive any church vehicle.*

1. Driver's license number \_\_\_\_\_

2. State of issue \_\_\_\_\_

3. Expiration date \_\_\_\_\_

4. Type of license:

- Class E (General Operators License)
- Any non-passenger CDL License (Class A, B or C)  
CDL License with Passenger endorsement (Check correct endorsement: P S Both)
- other (please specify) \_\_\_\_\_

5. Do you have any restrictions on your driver's license?

- Yes If yes, please note here \_\_\_\_\_
- No

6. Do you carry liability insurance on your automobile?

- Yes If yes, please identify the insurance company \_\_\_\_\_
- No

7. Have you been involved in any motor vehicle accidents while driving during the past 5 years?

- Yes If yes, please list the question number and describe each accident on a separate sheet.
- No

8. Have you been convicted of any moving violations during the past 5 years?

- Yes If yes, please list the question number and describe each accident on a separate sheet.
- No

I represent that each of my responses is truthful and accurate. I agree to notify the church within a reasonable time of any changes in the above information.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature date