

Sapulpa's First Baptist Church Employment Application Form

Position Applying for: _____

PERSONAL INFORMATION (Please Print or Type)

FULL LEGAL NAME (Last, First, Middle) _____

E-MAIL ADDRESS _____ SOCIAL SECURITY NUMBER _____

HAVE YOU EVER USED OR BEEN KNOWN BY ANY ALIASES? YES _____ NO _____

IF SO, WHAT OTHER NAME MIGHT YOU HAVE GONE BY? _____

WHY DID YOU USE AN ALIAS? _____

PERMANENT HOME ADDRESS: _____

MAILING ADDRESS, IF DIFFERENT: _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: () _____

TELEPHONE: () _____

LIST ALL PRIOR ADDRESSES AND DATES OF RESIDENCES WITHIN THE LAST 8 YEARS:

ADDRESS _____ FROM (calendar date) _____ to _____

ADDRESS _____ FROM (calendar date) _____ to _____

ADDRESS _____ FROM (calendar date) _____ to _____

CHURCH HISTORY

CHURCH CONVENTION AFFILIATION: SOUTHERN BAPTIST _____ OTHER _____

PRESENT CHURCH MEMBERSHIP _____ CITY/STATE _____

PASTOR'S NAME _____ HOW LONG HAVE YOU BEEN A MEMBER? _____

WHEN DID YOU FIRST UNITE WITH A BAPTIST CHURCH? _____

WHAT WORK HAVE YOU PERFORMED WITH CHILDREN OR YOUTH IN THE CHURCH? _____

PRIOR CHURCHES WHERE YOU HAVE HELD MEMBERSHIP?

CHURCH _____ PASTOR'S NAME _____

FULL ADDRESS _____

PAID/VOLUNTEER POSITIONS HELD _____

CHURCH _____ PASTOR'S NAME _____

FULL ADDRESS _____

Employment Application Form (continued)

HAVE YOU EVER BEEN ACCUSED, ARRESTED OR CONVICTED OF ANY CRIME? _____ NO _____ YES

IF "YES", LIST AND EXPLAIN: _____

PLEASE ANSWER THE QUESTIONS BELOW IF YOU ARE APPLYING FOR A POSITION THAT INVOLVES PRESCHOOLERS, CHILDREN OR YOUTH.

1. DESCRIBE BRIEFLY YOUR SALVATION EXPERIENCE WITH JESUS CHRIST AND HOW THAT EXPERIENCE HAS CHANGED YOUR LIFE.

2. HOW HAVE YOU SHARED YOUR FAITH WITH OTHERS?

3. HOW DO YOU FEEL CHILDREN AND YOUTH LEARN? / WHAT IS YOUR IDEA OF HOW TO TEACH AND REACH CHILDREN AND YOUTH?

4. WHY DO YOU WANT TO SERVE IN THIS MINISTRY OPPORTUNITY?

Employment Application Form (continued)

EMPLOYMENT HISTORY

(Give information requested on the three most recent positions, latest position first)

1. FIRM NAME _____ ADDRESS _____
SUPERVISOR _____ CITY _____ STATE _____ ZIP _____
TELEPHONE () _____ DATES OF EMPLOYMENT: FROM _____ TO _____
DID THE WORK INVOLVE YOUTH/CHILDREN? _____ YES _____ NO
TYPE OF WORK PERFORMED _____
REASON FOR LEAVING _____

2. FIRM NAME _____ ADDRESS _____
SUPERVISOR _____ CITY _____ STATE _____ ZIP _____
TELEPHONE () _____ DATES OF EMPLOYMENT: FROM _____ TO _____
DID THE WORK INVOLVE YOUTH/CHILDREN? _____ YES _____ NO
TYPE OF WORK PERFORMED _____
REASON FOR LEAVING _____

3. FIRM NAME _____ ADDRESS _____
SUPERVISOR _____ CITY _____ STATE _____ ZIP _____
TELEPHONE () _____ DATES OF EMPLOYMENT: FROM _____ TO _____
DID THE WORK INVOLVE YOUTH/CHILDREN? _____ YES _____ NO
TYPE OF WORK PERFORMED _____
REASON FOR LEAVING _____

PERSONAL REFERENCES

PLEASE PRINT CLEARLY. GIVE THE NAME AND ADDRESS OF THREE REFERENCES IN THE APPROPRIATELY NUMBERED BOXES BELOW. DO NOT LIST YOURSELF, A PREVIOUS EMPLOYER, OR ANY RELATIVE AS A REFERENCE. GIVE COMPLETE ADDRESS AND TELEPHONE NUMBER.

1. NAME _____	2. NAME _____	3. NAME _____
ADDRESS _____	ADDRESS _____	ADDRESS _____
CITY _____	CITY _____	CITY _____
STATE _____ ZIP _____	STATE _____ ZIP _____	STATE _____ ZIP _____
TELEPHONE _____	TELEPHONE _____	TELEPHONE _____
Known how long _____	Known how long _____	Known how long? _____

PERSONAL QUESTIONS

IF "YES" IS YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS, A CONFIDENTIAL, PERSONAL CONFERENCE MAY BE REQUESTED. PLEASE KNOW THAT THE INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL.

HAVE YOU EVER BEEN ACCUSED OF ABUSING, MOLESTING, PHYSICALLY ASSAULTING/OR SEXUAL OFFENSES OF ANY NATURE? NO _____ YES _____

DO YOU CURRENTLY USE OR HAVE YOU RECENTLY USED: _____ TOBACCO _____ ILLEGAL DRUGS _____ ALCOHOL?

DO YOU HAVE ANY PHYSICAL, MENTAL, HEALTH OR LIFE-STYLE PROBLEM WHICH COULD KEEP YOU FROM EFFECTIVELY WORKING WITH PRESCHOOLERS OR CHILDREN OR THAT COULD CAUSE POTENTIAL HARM?

_____ NO _____ YES

EDUCATION

SCHOOL	DEGREE	YEAR	MAJOR	MINOR	G.P.A.
High School					
Vo-Tech					
College					
College					
Grad. Study					

SPECIAL SKILLS

LIST SPECIAL SKILLS OR OTHER FACTORS THAT HAVE PREPARED YOU FOR TEACHING PRESCHOOL AND CHILDREN.

DO YOU HAVE CURRENT CERTIFICATION IN: _____ CPR _____ FIRST AID _____ LIFE SAVING

FOREIGN LANGUAGES (INDICATE SPECIFIC LANGUAGE(S), INCLUDING SIGN LANGUAGE.)

READ/WRITE SOME _____ SPEAK FLUENT _____

READ/WRITE WELL _____ READ/WRITE/SPEAK SOME _____

SPEAK SOME _____ READ/WRITE/SPEAK WELL _____

COMMUNITY SERVICE

LIST COMMUNITY / CIVIC ORGANIZATIONS WITH WHICH YOU HAVE DONE VOLUNTEER WORK.

MILITARY

BRANCH _____ DATES _____

LAST RANK _____ TYPE OF DISCHARGE _____

[A PHOTOCOPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD MUST ACCOMPANY THIS FORM IN ORDER TO COMPLETE THE APPLICATION PROCESS.] _____ DRIVER'S LICENSE _____ SOCIAL SECURITY CARD

I, THE UNDERSIGNED, HEREBY GRANT PERMISSION TO FIRST BAPTIST CHURCH TO CHECK MY BACKGROUND RECORDS, INCLUDING CRIMINAL RECORDS.

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF I AM ALLOWED TO WORK WITH YOUTH OR CHILDREN, I AGREE TO BE BOUND BY THE BYLAWS AND POLICIES OF FIRST BAPTIST CHURCH AND TO REFRAIN FROM UNSCRIPTURAL CONDUCT IN THE PERFORMANCE OF SERVICES WHILE ON THE FIRST BAPTIST CHURCH STAFF.

APPLICANT'S SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____