

Date submitted: _____

Personal Information:

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Cell Phone: _____ Email Address: _____

Previous Address: _____
(If at above address for less than 2 years) Street City State Zip

Date of Birth _____ Are you a citizen of the United States: () Yes () No
Month Day Year

(If not a citizen of the United States, please provide proof that you can be legally employed in the United States.)

What languages do you read, speak and write fluently? _____

Have you ever been convicted of a crime (other then minor traffic violation)? () Yes () No

If yes, please explain conviction: _____

Do you have dependable transportation to work? () Yes () No

Driver's License #: _____ State _____ Expiration Date _____

Education:

High School: _____
Name of School & Location Year(s) attended/Year of Graduation

College: _____
Name of School & Location Degree Received: Year(s) attended/Year of Graduation

College: _____
Name of School & Location Degree Received: Year(s) attended/Year of Graduation

Are you currently CPR certified? (Yes) (No) Date of certification and expiration _____

What skills or additional training do you have that relate to the job for which you are applying?

References:

Please provide names of three references who might speak to your character, work ethic and manner. References listed are preferably not family members.

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Employment Information:

Current/Previous Employment:

1. Name of most recent/current employer: _____ Phone #: _____

Address _____ Supervisor _____

Job/Position: _____ Dates of employment _____

1. Name of most recent/current employer: _____ Phone #: _____

Address _____ Supervisor _____

Job/Position: _____ Dates of employment _____

Reason for leaving: _____

1. Name of most recent/current employer: _____ Phone #: _____

Address _____ Supervisor _____

Job/Position: _____ Dates of employment _____

Reason for leaving: _____

May we contact any of the employers listed above? () Yes *If no, please indicate "no contact" to the left of their name.*

I hereby agree that the facts set forth in this application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. Kearney First Baptist Church is hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of choice.

I authorize the use of any information in this application and any attached supplements to verify my statements, and I authorize past employers and references to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that First Baptist Church reserves the right to conduct a background check of it's employees and your employment may be conditioned on satisfactory results

Signature of Applicant _____ Date _____

Applicant's Printed Name _____

(Employer Use Only)
