



• For your application to be properly evaluated, you must answer each of the following questions carefully and completely. Please use ink (or type). Bethany Baptist Church ("Bethany") is an equal opportunity employer and considers all applicants for employment without regard to race, color, religion, creed, marital or domestic partner status, gender, sexual or affectional preference, national origin, ancestry, age, physical or mental disability, citizenship, veteran status, genetic information, atypical hereditary or cellular blood trait, or other trait or classification prohibited by federal or state law ("protected class"). Further, Bethany does not discriminate based upon association with a person who is a member of a protected class. All job applicants and employees will be provided equal employment opportunity in all terms and conditions of employment, recruitment, selection, placement, training, layoff and termination decisions. Please add any additional information which will help us evaluate your qualifications.

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THE POSITION APPLIED FOR. DATE OF APPLICATION \_\_\_\_\_

<b>PERSONAL INFORMATION</b>	FULL NAME (FIRST) (MIDDLE) (LAST)		TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME IF PART TIME SPECIFY DAYS & HOURS AVAILABLE	
	NAME YOU PREFER TO BE CALLED		ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ADDRESS (P.O. BOX OR STREET AND APARTMENT NUMBER)		SALARY EXPECTED	
	CITY STATE ZIP CODE		DATE AVAILABLE TO WORK	
	SOCIAL SECURITY NUMBER	ARE YOU UNDER THE AGE OF 18 <input type="checkbox"/> YES <input type="checkbox"/> NO		
	AREA CODE & TELEPHONE NUMBER ( )	TIME TO CALL		
	ALTERNATE TELEPHONE NUMBER ( )	TIME TO CALL		
	ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (PROOF WILL BE REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO			
	POSITION(S) APPLIED FOR:			
	DRIVER'S LIC. NO. IF APPLICABLE TO THE POSITION: STATE ISSUED:			

<b>EDUCATION/SKILLS INFORMATION</b>	NAME AND LOCATION OF HIGH SCHOOL. IF YOU DID NOT GRADUATE, INDICATE TOTAL YEARS OF SCHOOLING COMPLETED			DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	NAME & LOCATION OF COLLEGE, TRADE OR BUSINESS SCHOOL	MAJOR AND NUMBER OF HOURS COMPLETED	DID YOU GRADUATE? (YES/NO)	WHAT DEGREE DID YOU COMPLETE? (B.S., B.A., M.S., ETC.)	IF NO DEGREE, TOTAL NO. OF HOURS COMPLETED
	OTHER TRAINING (YOU MAY INCLUDE JOB RELATED TRAINING IN UNITED STATES MILITARY)				
	SCHOLASTIC HONORS				
	PROFESSIONAL LICENSES OR CERTIFICATES				
	FOREIGN LANGUAGES	LIST THOSE YOU SPEAK (are you fluent?)	LIST THOSE YOU WRITE (are you fluent?)	LIST THOSE YOU READ (are you fluent?)	
	TYPING  WPM	MACHINE, EQUIPMENT OPERATED AND/OR COMPUTER SKILLS			

- List in order each employer beginning with your most recent employer and most recent position with that employer. For each employer, list each position you have held including your initial position and the information requested for each position. **Account for any gaps in your employment.** If you would like to attach a resume or additional sheets of paper ("attachments") in response or to supplement this or any other section of your application, you may do so provided it is with the understanding that all representations and releases at the end of this application apply to the attachments or other submissions.

Are there any employers you do not want us to contact? \_\_\_\_\_ State the reason under "Supervisor's Name" section for each employer.

<b>EMPLOYMENT INFORMATION</b>	COMPANY NAME		ADDRESS		CITY	STATE	ZIP CODE	
	POSITION(S) HELD	FROM	DATES	TO	ENDING WAGE/ SALARY	BRIEFLY DESCRIBE JOB DUTIES		
	REASON FOR LEAVING					LAST SUPERVISOR'S NAME AND PHONE NUMBER		
	COMPANY NAME		ADDRESS		CITY	STATE	ZIP CODE	
	POSITION(S) HELD	FROM	DATES	TO	ENDING WAGE/ SALARY	BRIEFLY DESCRIBE JOB DUTIES		
	REASON FOR LEAVING					LAST SUPERVISOR'S NAME AND PHONE NUMBER		
	COMPANY NAME		ADDRESS		CITY	STATE	ZIP CODE	
	POSITION(S) HELD	FROM	DATES	TO	ENDING WAGE/ SALARY	BRIEFLY DESCRIBE JOB DUTIES		
REASON FOR LEAVING					LAST SUPERVISOR'S NAME AND PHONE NUMBER			

**MILITARY SERVICE RECORD**

Have you ever served in the U.S. Armed Forces?  YES  NO. List duties in the Service, including special training which is relevant to the position for which you have applied.

HAVE YOU BEEN CONVICTED OF, PLED GUILTY OR NO CONTEST TO, A FELONY WITHIN THE PAST FIVE YEARS?  
 IF YES, STATE: the nature of each offense, date(s), locations and dispositions.  YES  NO

NOTE: A CONVICTION WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT. CONVICTION RECORDS ORDERED SEALED OR EXPUNGED BY A COURT NEED NOT BE DISCLOSED

HAVE YOU ENTERED INTO **ANY** AGREEMENT WITH A PRESENT OR FORMER EMPLOYER WHICH **IN ANY WAY** RESTRICTS OR LIMITS YOUR ABILITY TO WORK, COMPETE, OR PERFORM SERVICES FOR ANOTHER EMPLOYER OR REQUIRES YOU TO KEEP CERTAIN INFORMATION CONFIDENTIAL?  YES  NO

IF YOU HAVE ANSWERED YES TO THE PRECEDING QUESTION, YOU MUST INCLUDE A COPY OF THE ENTIRE AGREEMENT(S) OR, IF ANY AGREEMENT IS ORAL, PROVIDE THE NAME, ADDRESS AND TELEPHONE NUMBER OF EACH EMPLOYER WITH WHOM YOU HAVE SUCH AN ORAL AGREEMENT. ATTACH A DETAILED DESCRIPTION OF THE TERMS OF EACH AGREEMENT, ORAL OR WRITTEN, TO YOUR JOB APPLICATION FORM AND SIGN EACH ATTACHMENT.

Please list 3 references not related to you and not listed under employment information

<b>REFERENCES</b>	NAME	ADDRESS	EMPLOYER	RELATIONSHIP	PHONE

THIS APPLICATION SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF THIRTY (30) DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

\*PLEASE READ THE STATEMENTS BELOW CAREFULLY. **UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED BY BETHANY.** YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND AND AGREE WITH THE FOLLOWING STATEMENTS:

I give Bethany the right to make a thorough investigation of any of the information I have provided and to perform reference checks. These investigations may involve contact with my family, current and former employers, business associates, employees and neighbors as well as others with whom I am acquainted and public authorities. My signature below authorizes Bethany to obtain complete information concerning my employment, academic transcripts, service records or other information provided by me. The information requested may include inquiries regarding my work habits, other related activities, abilities, character, the cause of my separation(s) of employment and inquiries concerning any conviction(s) or felonious act(s).

I release each of the above references, any individuals or entities, Bethany and its agents or contractors from any liability for damages which might result from the furnishing, requesting, verifying, checking, obtaining or using any of the foregoing information, attachments or other submissions. I understand that I must execute this application and any other requested releases related to above information in order to be considered for employment.

I understand that the pre-employment process may require me to sign documents concerning conflicts of interest, confidentiality of information, non-competition or other agreements which restrict use or disclosure of information upon my termination of employment. I may also be required to sign such documents after I am employed by Bethany.

Any offer of employment will be contingent upon my successful passing of an alcohol and/or drug screening provided at the expense of Bethany at a laboratory designated by Bethany. I also understand and agree that any offer of employment that I may receive from Bethany is contingent upon completion of the company's post job offer screening process, including but not limited to any post job offer physical examination required by Bethany. If employed, I understand and agree to submit to an alcohol or drug screening when: (1) reasonable suspicion of use or abuse arises; (2) if I am employed in a safety sensitive position, or; (3) when testing is required by law (e.g., the periodic testing of drivers with commercial driver's licenses).

I understand that I may be required to furnish proof of date of birth, a Social Security number, citizenship or immigration status and academic transcripts.

I certify that my interest in employment in the position applied for is genuine and that all statements contained in this application (including attachments, and any statements made during interview(s)) are true to the best of my knowledge. If Bethany discovers that statements have been omitted or are false or misleading in this application, attachments, and interview(s), I understand that I may receive no further consideration for employment or, if employed, it is grounds for dismissal.

I understand and agree that in consideration of my employment, and in the event I am hired, I will comply with the policies, rules, regulations and procedures of Bethany and I understand that my employment with Bethany is "at will," which means the employment relationship can be terminated by Bethany or myself at any time, for any reason, with or without cause, and with or without prior notice. I further understand that no manager or representative of Bethany, other than the Senior Pastor, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to this statement. I further understand that the only way the at-will employment relationship can be changed is through a written agreement signed by me and the Senior Pastor which specifically names me in the agreement, states that I am not an at-will employee and sets forth the duration and terms of my employment. I also understand that the policies and procedures of Bethany, which are not limited to those stated in its employee handbook, are not binding, do not constitute a contract of employment or promise of job security. In other words, the benefits provided by Bethany may be revoked, withdrawn or changed by it at any time and are not intended to affect in any way either my right or the right of Bethany to terminate my employment at any time for any reason without notice. I agree that, if employed by Bethany, all information I obtain about Bethany, its congregation, members and business will be maintained in confidence by me and will not be disclosed to any third parties during or after the end of my employment with Bethany.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Interviewer \_\_\_\_\_

Interviewer \_\_\_\_\_

Interviewer \_\_\_\_\_

Employed  YES  NO

If Employed: Title \_\_\_\_\_ Department \_\_\_\_\_

Starting Date \_\_\_\_\_ Starting Salary \_\_\_\_\_

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