



SHELBY BAPTIST ASSOCIATION JOB APPLICATION FORM

I. PERSONAL DATA		DATE:	
FULL NAME (FIRST, MIDDLE/MAIDEN, LAST):			
PHYSICAL ADDRESS:			
MAILING ADDRESS:			
PHONE NUMBER:		ALTERNATE PHONE NUMBER:	
EMAIL:			
II. EDUCATION			
HIGH SCHOOL:		GRADUATION DATE:	
ADDRESS/LOCATION:			
EXTRACURRICULAR ACTIVITIES:			
COLLEGE:		GRADUATION DATE:	
ADDRESS/LOCATION:			
MAJOR(S):		MINOR(S):	
HOURS CURRENTLY ENROLLED:		HOURS COMPLETED:	
EXTRACURRICULAR ACTIVITIES:			
COLLEGE:		GRADUATION DATE:	
ADDRESS/LOCATION:			
MAJOR(S):		MINOR(S):	
HOURS CURRENTLY ENROLLED:		HOURS COMPLETED:	
EXTRACURRICULAR ACTIVITIES:			
COLLEGE:		GRADUATION DATE:	
ADDRESS/LOCATION:			
MAJOR(S):		MINOR(S):	
HOURS CURRENTLY ENROLLED:		HOURS COMPLETED:	
EXTRACURRICULAR ACTIVITIES:			
III. EMPLOYMENT HISTORY (START WITH PRESENT OR MOST RECENT JOB. USE MORE PAPER AS NEEDED.)			
EMPLOYER:		SUPERVISOR:	
ADDRESS/LOCATION:			
START DATE:		END DATE:	
STARTING SALARY/HOURLY RATE:		ENDING SALARY/HOURLY RATE:	
JOBS HELD/WORK PERFORMED:			
REASON(S) FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER?		YES:	NO:
		PHONE NUMBER:	

NAME:			
EMPLOYER:		SUPERVISOR:	
ADDRESS/LOCATION:			
START DATE:		END DATE:	
STARTING SALARY/HOURLY RATE:		ENDING SALARY/HOURLY RATE:	
JOBS HELD/WORK PERFORMED:			
REASON(S) FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER?	YES:	NO:	PHONE NUMBER:

EMPLOYER:		SUPERVISOR:	
ADDRESS/LOCATION:			
START DATE:		END DATE:	
STARTING SALARY/HOURLY RATE:		ENDING SALARY/HOURLY RATE:	
JOBS HELD/WORK PERFORMED:			
REASON(S) FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER?	YES:	NO:	PHONE NUMBER:

IV. JOB SKILLS (LIST AREAS IN WHICH YOU HAVE HAD EXPERIENCE, SKILLS OR TRAINING.)

1. LIST AREAS IN WHICH YOU HAVE EXPERIENCE, SKILLS, AND/OR TRAINING:

2. COMPUTER SOFTWARE PROFICIENCY:

SOFTWARE	0 NO EXPERIENCE	1 BASIC COMPETENCY	2 HIGHLY EXPERIENCED	3 CERTIFIED USER
MICROSOFT WORD				
MICROSOFT PUBLISHER				
MICROSOFT EXCEL				
MICROSOFT ACCESS				
GOOGLE CALENDER				
GOOGLE DOCS				
GOOGLE PHOTOS				
CHARITY TRACKER				
OTHER:				
OTHER:				

NAME:					
V. CHURCH MEMBERSHIP (START WITH PRESENT OR MOST RECENT CHURCH. USE MORE PAPER AS NEEDED.)					
CHURCH NAME:					
ADDRESS/LOCATION:					
ATTENDED FROM:			ATTENDED TO:		
ARE YOU A MEMBER?	YES:	NO:	DO YOU ATTEND REGULARLY?	YES:	NO:
REASON(S) FOR LEAVING:					
MINISTRY INVOLVEMENT:					
CHURCH NAME:					
ADDRESS/LOCATION:					
ATTENDED FROM:			ATTENDED TO:		
ARE YOU A MEMBER?	YES:	NO:	DO YOU ATTEND REGULARLY?	YES:	NO:
REASON(S) FOR LEAVING:					
MINISTRY INVOLVEMENT:					
CHURCH NAME:					
ADDRESS/LOCATION:					
ATTENDED FROM:			ATTENDED TO:		
ARE YOU A MEMBER?	YES:	NO:	DO YOU ATTEND REGULARLY?	YES:	NO:
REASON(S) FOR LEAVING:					
MINISTRY INVOLVEMENT:					
INITIAL ONE:	I HAVE READ <i>THE BAPTIST FAITH AND MESSAGE</i> AND AGREE TO ABSTAIN FROM TEACHING OR PROMOTING ANYTHING THAT CONTRADICTS THE DOCTRINAL STATEMENTS FOUND THERE IN WHILE EMPLOYED BY THE SBA.				
YES:	NO:	http://www.sbc.net/bfm2000/bfm2000.asp			
VI. ADDITIONAL INFORMATION					
PLEASE GIVE US ANY ADDITIONAL INFORMATION YOU DESIRE ABOUT YOUR EDUCATION AND EXPERIENCE (INCLUDING ANY SPECIAL TALENTS):					
DAYS AND HOURS AVAILABLE:					

NAME:		
VII. CHARACTER REFERENCES (Provide Three)		
NAME:	RELATIONSHIP:	
OCCUPATION:	YEARS KNOWN:	
ADDRESS:		
E-MAIL:	PRIMARY PHONE:	
NAME:	RELATIONSHIP:	
OCCUPATION:	YEARS KNOWN:	
ADDRESS:		
E-MAIL:	PRIMARY PHONE:	
NAME:	RELATIONSHIP:	
OCCUPATION:	YEARS KNOWN:	
ADDRESS:		
E-MAIL:	PRIMARY PHONE:	
VIII. BACKGROUND CHECK INFORMATION		
HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A CRIME?	YES:	NO:
HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF ABUSING OR MOLESTING A MINOR?	YES:	NO:
HAVE YOU EVER BEEN BONDED?	YES:	NO:
I HEREBY AUTHORIZE THE SHELBY BAPTIST ASSOCIATION TO PERFORM THE FOLLOWING REFERENCE/BACKGROUND/VERIFICATION CHECKS AS EXPLAINED BELOW:		
<ul style="list-style-type: none"> • REFERENCE CHECK FOR EMPLOYMENT PURPOSES AND ANY NECESSARY BACKGROUND/VERIFICATION PERTAINING THERETO. • CRIMINAL RECORDS CHECK FOR EMPLOYMENT PURPOSES AND ANY NECESSARY BACKGROUND/VERIFICATION PERTAINING THERETO. • CREDIT CHECK FOR EMPLOYMENT PURPOSES AND ANY NECESSARY BACKGROUND/VERIFICATION PERTAINING THERETO. • MOTOR VEHICLE CHECK FOR EMPLOYMENT PURPOSES AND ANY NECESSARY BACKGROUND/VERIFICATION PERTAINING THERETO. 		
SOCIAL SECURITY #:	DATE OF BIRTH:	
DRIVER'S LICENSE # & STATE:	STATES LIVED-IN:	
I CERTIFY THAT ALL ANSWERS AND STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, SHOULD THIS APPLICATION CONTAIN ANY FALSE OR MISLEADING INFORMATION, MY APPLICATION MAY BE REJECTED OR MY EMPLOYMENT WITH THIS COMPANY TERMINATED.		
SIGNATURE:		DATE:

---OFFICE USE ONLY---	DATE RECEIVED	DATE CHECKED	STAFF MEMBER	
COMPLETED APPLICATION				DATE & TIME OF INTERVIEW:
REFERENCE #1				LOCATION OF INTERVIEW:
REFERENCE #2				STAFF MEMBERS PRESENT:
REFERENCE #3				
APPLICANT CONTACTED				APPROVED: DENIED: CONTACTED: