

STAFF/TEACHER/EMPLOYEE/VONLUNTEER

APPLICATION FORM

Thank you for your willingness to serve in a position at PARKVIEW MINISTRIES (Church/Childcare/School). Because each and every staff, teacher, employee, and volunteer participant have the potential to impact children both positively and negatively, we must ensure that all those participating maintain a biblical standard of godliness in their personal behavior. We trust that you share our desire to protect the precious children whom God has entrusted to us.

Please fill out this application form completely. Taking care to answer each question truthfully and completely. If extra room is needed to completely answer any question, please attach a page to the form.

Personal Information *(Please print legibly)*

Date: _____

Name: Last _____ First _____ Middle _____

Present Address: _____

City: _____ State: _____ Zip: _____

How long at present address _____ How long at previous address _____

Previous Address: _____

Home Phone: _____ Cell: _____ Fax: _____

SS#: _____ DL: _____ Email: _____

Are you 18 years of age or older? _____ Age: _____ DOB: ____/____/____

____ Single ____ Married ____ Widowed ____ Divorced ____ Number in Household

Emergency Contact #: Name: _____ Relation: _____

Cell/Home _____ Work _____

If you have ever used other names, such as married or maiden names, please provide the names and dates of use.

Name: _____ Dates: _____

Name: _____ Dates: _____

Spouse's Name: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Spiritual Qualifications

Do you have personal assurance that you are a born-again Christian? _____

When did you trust in the Lord as your Savior? Briefly give your testimony.

What is your denominational preference? _____

Do you drink alcoholic beverages? _____ Do you use any form of tobacco? _____

Are you a member of Parkview Baptist Church? _____

If so, how long have you attended? _____

What church are you a member of? _____ How long? _____

Do you attend faithfully (Sunday/Wednesday)? _____

List any special talents or musical instruments you play _____

Do you like to sing with children? _____

Please list any previous church you have attended within the last 10 years.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Senior Pastor: _____ Date Attended: _____

Reason for leaving: _____

Educational/Professional Qualification: Academic Achievements

School	Name & Address	Year Completed	Diploma/Certificate <i>(please specify)</i>
High School		Fr__ So__ Jr__ Sr__	
College		Fr__ So__ Jr__ Sr__	
Other <i>(specify)</i>		Fr__ So__ Jr__ Sr__	

Are you planning to further your education? _____ If so, when? _____

Professional organizations, memberships, and licenses (including CDL licensing):

Name: _____

Date: _____ License Number: _____

Name: _____

Date: _____ License Number: _____

First Aid Training? _____ Date Completed: _____

CPR Training? _____ Date Completed: _____

Fingerprinting? _____ Date Completed: _____

What office skills, if any, do you have?

Physical Record

Are there any physical or personal limitations on the type of work you would be required to do in performing your duties and the hours to be worked? _____

Average days of work you have missed due to illness or personal business this past year: _____ Date of last physical exam: _____

Previous Work Experience *(last 3 employers)*

Name of business: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of employment: _____ Phone: _____

Position/Responsibilities: _____

Supervisor's Name: _____

Reason for leaving: _____

Name of business: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of employment: _____ Phone: _____

Position/Responsibilities: _____

Supervisor's Name: _____

Reason for leaving: _____

Name of business: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of employment: _____ Phone: _____

Position/Responsibilities: _____

Supervisor's Name: _____

Reason for leaving: _____

Do you have any experience working with children? _____ If so, please specify below.

Ages	Home/Church/Job	Years
6 weeks to 12 months		
12 to 18 months		
18 to 24 months		
Two's		
Three's		
Four's		
Five's		

Do you have any teaching experience? _____ If so, please specify below.

Grade	Subjects	Years
Kindergarten		
Elementary		
Other		

References

Please list three individuals who have known you for at least five years.

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Relationship to reference: _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Relationship to reference: _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Relationship to reference: _____

Work Schedule

I am interested in working _____ Full-Time _____ Part-Time _____ Substituting

Are you flexible and willing to work in multiple areas, if needed? _____

There is a dress code for employees. Will this be a problem for you? _____

We are open from 6:30 to 5:45

Please fill in the days and hours you would be able to work.

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Open or Close

Open at 6:30AM _____ yes _____ no

Close at 6:00PM _____ yes _____ no

In case of emergency only _____ yes _____ no

APPLICATION AGREEMENT & WAIVER

I understand that this is an application for employment and that no employment contract is being offered at this time.

I hereby certify that the information I have provided on this application is true and complete. I authorize this ministry to verify the information I have provided on this application by contacting the references, churches, and employers I have listed, by conducting a criminal and civil central registry records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give this ministry whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights that I may have to confidentiality with regard to the information that is obtained.

In consideration of the receipt and evaluation of this application by **PARKVIEW MINISTRIES**, I hereby release any individual, church, youth organization, including record custodians, both collectively and individually, from any and all liability for damages of compliance or any attempts to comply, with this authorization.

I understand that if I am applying for a position in the Childcare Ministry, the first 3 months of employment is an introductory/probationary period. Applications may be reviewed at 3, 6, and 12 months, and then every 6 months thereafter. Medical & Dental/Vision Insurance is offered to all fulltime employees (35 hr. minimum), at 50% employer coverage. ***Application or Decline of Insurance*** must be completed at ***Date of Hire***. Employer *does not* provide Worker's Compensation coverage, however, medical expenses can and may be covered for employees who have met their probation period, and have notified their employer, in writing, no later than the 30th day after the date on which the injury occurs, or the date the employee knew or should have known of an occupational disease.

Employees of **PARKVIEW MINISTRIES** are required to abstain from the wearing of immodest apparel in public, the use of alcohol in any form, the use of tobacco, or any other drugs in any form, and the attendance at meetings of secret societies. We believe that the secular movie industry can be destructive to the cause of Christ; therefore, we encourage our employees to be very selective in the choosing of movies

for home use or public attendance. All forms of entertainment must be of such not to bring reproach to the name of Christ or be a stumbling block to a fellow Christian. We believe anyone who participates in the foregoing practices would not live the separated, dedicated life we deem so important for our children after which to pattern their lives. Employees are required to be faithful in attendance to Parkview Baptist Church, or a church approved by the Board. Should my application be accepted, I agree to abide by and be bound by the policies, moral standards, and spiritual teachings of **PARKVIEW MINISTRIES** and to refrain from unscriptural conduct in the performance of my duties on behalf of **PARKVIEW MINISTRIES**.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this content freely and under no duress or coercion. I understand that if there is any omission or misinformation in the application, or if my services have not proved satisfactory, they may result in the rejection of my application, or my dismissal from service, if I have already been given my position. If resigning my position, I agree to give a **two week** notice prior to the effective date.

Signature of Applicant _____ Date: _____

DO NOT WRITE IN SPACE BELOW FOR OFFICE USE ONLY	
Date to start: _____	Introductory/Probation End Date: _____
Temporary: _____	Program: _____
Position: _____	Replaces _____ Starting Salary _____
Remarks: _____ _____ _____	
Dismissed/Resigned Date: _____	
Remarks: _____ _____ _____	

Sexual Harassment/Misconduct Policy: PARKVIEW MINISTRIES will not tolerate sexual harassment/misconduct of any ministry employee or volunteer person. A valid complaint of sexual harassment/misconduct may lead to appropriate and strict disciplinary action, including termination. Sexual harassment/misconduct involves any unwelcome sexually oriented behavior or comments which create an intimidating, hostile, or offensive work environment, or any immoral physical behavior displayed. *See Childcare/School Handbooks.*

Sexual harassment/misconduct from supervisors, co-workers, or others who visit the ministry should be reported immediately to the proper person in authority, your immediate supervisor, or one of the Pastoral Staff Members. Please contact one of these in authority if you have any questions about sexual harassment/misconduct or this policy. Your report will be handled confidentially.

Immigration Law Compliance: PARKVIEW MINISTRIES is compliant with the IRC Act of 1986. All new employees must complete the EEV Form I-9 and present documentation establishing identity and employment eligibility. *See School/Childcare Handbook.*

Pay Periods: PARKVIEW MINISTRIES is on a Semi-Monthly (*exception-Associate Pastor—1st of each month*) pay period. Employees are paid on the 1st and 16th. Depending on the nature of your position, you may be paid salary or hourly wage. You are notified of this at the time of hire. Parkview Ministries filed form 8274 in 1984, opting out of “Employer Portion” (7.65) of the social security tax, and therefore, employees are responsible for their entire (15.3) SS taxes at the end of the year. However, an employee may elect on their (W4) to have an additional amount for their SS to be withheld. Employees may speak to Pay Person for more details.

Supervision: Each Employee of PARKVIEW MINISTRIES is accountable to an individual supervisor or a supervisory board. The chief supervisory board for PARKVIEW MINISTRIES (Church/Childcare), is the Deacon Board. For School: School Board.

ACKNOWLEDGEMENT

PCA and PCCPA are ministry arms of Parkview Baptist Church, Waco, Texas. As such, both ministry arms have the same goal and objective of presenting the Gospel of Jesus Christ in all things and living out the commands, morals, and precepts of the Bible. PBC, PCA, and PCCPA are each governed principally by the Bible, God’s inspired Word of Christian living and life, and secondarily by the Constitution, By-Laws, and Statement of Faith of Parkview Baptist Church. Each employee, volunteer, and independent contractor of the Church, Academy, or Childcare is a minister of Parkview Baptist Church and the Gospel it represents.

As an employee, volunteer, or independent contractor of PBC, PCA, and/or PCCPA, I acknowledge that I am a minister of the Gospel of Jesus Christ. I profess my belief and trust in Jesus Christ as my Lord and Savior and the Bible as the inspired Word of God by which I will conduct myself at all times. I will abide by the Constitution, By-Laws, and Statement of Faith of Parkview Baptist Church. If I ever cease to believe in or adhere to the dictates of the Bible or of the Constitution, By-Laws, or Statement of Faith, I will immediately resign or be terminated.

I understand that my employment with PBC, PCA, or PCCPA, is at-will, and nothing in this acknowledgement or any other basis creates a contract for employment for a specified period of time, or otherwise modifies that at-will employment relationship. No PARKVIEW MINISTRY representative, other than the Senior Pastor, is authorized to modify this policy for any employee or to enter into any agreement, oral or written, that changes the at-will employment relationship. No statements made in pre-hire interviews or discussions, or in recruiting materials of any kind, alter the at-will nature of employment or imply that discharge will occur “for cause.” In cases where the Senior Pastor on behalf of PARKVIEW MINISTRIES enter into an agreement with an employee to alter the at-will status, such agreements must be reduced to writing to be of any effect.

ACKNOWLEDGED THIS _____ DAY OF _____, 20_____

**AUTHORIZATION AND RELEASE FOR CRIMINAL AND CIVIL
RECORDS CHECK**

I hereby request the Department of Family and Protective Services, Police Department, or the FBI to release any information pertaining to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said Department of Family and Protective Services, Police Department, or the FBI from any and all liability resulting from such disclosure. I understand that this is a Criminal History/Central Registry Check, obtained by the Licensing Office.

Signature

Printed Name

Print Maiden Name if applicable

Social Security Number

Print all aliases

Date of birth

Place of birth

Record sent to:

Name: _____

Address: _____

Today's Date: _____