

Good Samaritan Missionary Baptist Church

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address		City	State ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Driver's License No./Issuing State			
Position Apply For		Type of Work Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Contract	
When Are You Available to Begin Work?		Will You Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you provide evidence that you are authorized and of legal age to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In Case of Emergency Notify		Telephone	Name of Nearest Relative Telephone

EDUCATION

TYPE	SCHOOL NAME/LOCATION	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL				
BUSINESS/TECHNICAL				
COLLEGE				
GRADUATE				
OTHER				

Professional Organizations:	
First-Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed
CPR Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed

EMPLOYERS

(List all jobs and contracts held by you during the past five continuous years)

CURRENT EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From To	Starting/Ending Salary	
Reason for Leaving		Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From To	Starting/Ending Salary	
Reason for Leaving		Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From To	Starting/Ending Salary	
Reason for Leaving		Supervisor	

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Address	City	State	ZIP Code
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PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From To	Starting/Ending Salary	
Reason for Leaving		Supervisor	

<p>If you answer "Yes" to any of the questions in the following section, please attach a separate sheet indicating the nature of the suit, offense, date, court, and disposition or other appropriate explanation. A conviction record will not automatically be a bar to employment. Factors such as your age at the time of the crime, seriousness and nature of the violation, time elapsed since the crime, job relatedness, and subsequent rehabilitation will be considered.</p>	
Are you presently being investigated or under procedure to consider your discharge for misconduct by your present employer?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has any employer ever subjected you to disciplinary action, suspended, terminated, or asked you to leave a job or volunteer position on the grounds of any unlawful sexual behavior, or violation of any employer sexual misconduct or harassment policy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been charged in a civil or criminal proceeding with improprieties regarding children?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever entered a plea of guilty, a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation in a public service or education program for any crime other than minor traffic offense?	<input type="checkbox"/> No <input type="checkbox"/> Yes

MILITARY STATUS

Have You Served in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch	Start Date	End Date
Rank/Rate at Discharge	Type of Service		Type of Discharge	
Special Training/Experience Received in the U.S. Armed Services	Draft Status		Reserve Status	

CRIMINAL HISTORY

Have you ever been <i>convicted</i> of a criminal offense? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or parole? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please attach a separate sheet indicating the nature of the offense and provide the date of the offense and the county and state in which it occurred.

PERSONAL REFERENCES:

Give three references who are qualified to speak of your spiritual experience and Christian service. List your current pastor first.

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

PROFESSIONAL REFERENCES:

Give three references who are qualified to speak of your professional training and experience. List your current most recent supervisor first.

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

APPLICANT STATEMENT

(Please Read Carefully, Initial Each Paragraph, and Sign Below)

<p>_____</p> Initials	I certify that this employment application was completed by me and that all the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired.
<p>_____</p> Initials	I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Good Samaritan Missionary Baptist Church creates an actual or implied contract of employment. I understand that, if I accept employment with Good Samaritan Missionary Baptist Church it will be on an at-will basis. This means that either Good Samaritan Missionary Baptist Church or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.
<p>_____</p> Initials	I authorize investigation of all statements contained herein and the references listed above to give you all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand that this employment application is not valid without my signature.

Print Name	
Signature	Date