

Employment Application

Rolesville Baptist Church

Vacancy Information

Position For Which You Are Applying (Title)	Date of Application:
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Referral Source (How You Became Aware of This Vacancy)

Personal Information

Social Security Number	Last Name	First Name	Middle Name
Address (Street number and name)		City	County
State	Zip Code	Length of time at this address?	
Home Phone	Business Phone	Cell Phone	Email Address
Date of Birth	Marital Status & Name of Spouse (if applicable)		Age of Children (if applicable)
Religious Affiliation		Name and Address of Church Where Your Church Membership Resides	
Are You An Ordained Minister? YES <input type="checkbox"/> NO <input type="checkbox"/>		Name and Address of Church Where You Were Ordained	

Educational Background

Please Provide Specific Education and Training Information

Schools	Name and Location	Dates Attended (mo/yr)		Grad?	Major/Minor Course Work	Type of Degree Received
		From:	To:			
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>		
College/ University				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate/ Seminary				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other educational, vocational school, internships, etc.				YES <input type="checkbox"/> NO <input type="checkbox"/>		

Professional Development Opportunities In Which You Have Participated During The Last 3 Years (List)

Other Special Training, Talents, and Skills Applicable to the Position (List)

Employment History (Include Full-Time and Part-Time Employment; and Volunteer Experiences)

Current or Most Recent Employer		Address			
Your Position Title		Supervisor's Name and Title		Telephone Number	
Date of Initial Employment (mo/yr)	Starting Salary \$ _____ per _____	No. Supervised by you:		May We Contact This Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date of Employment Separation (mo/yr)	Ending or Current Salary \$ _____ per _____	Reason for Leaving or Desiring A Change of Employment			
Length of Employment:	Full Time: Years Months	Part Time: Years Months	If part time, number of hours worked per week:		

List Major Responsibilities In The Order of Their Importance:

Employment History (Continued)

Previous Employer		Address			
Your Position Title		Supervisor's Name and Title		Telephone Number	
Date of Initial Employment (mo/yr)	Starting Salary \$ _____ per _____		No. Supervised by you:		
Date of Employment Separation (mo/yr)	Ending Salary \$ _____ per _____		Reason for Leaving		
Length of Employment:	Full Time:	Years	Months	Part Time:	Years Months
					If part time, number of hours worked per week:

List Major Responsibilities In The Order of Their Importance:

Previous Employer		Address			
Your Position Title		Supervisor's Name and Title		Telephone Number	
Date of Initial Employment (mo/yr)	Starting Salary \$ _____ per _____		No. Supervised by you:		
Date of Employment Separation (mo/yr)	Ending Salary \$ _____ per _____		Reason for Leaving		
Length of Employment:	Full Time:	Years	Months	Part Time:	Years Months
					If part time, number of hours worked per week:

List Major Responsibilities In The Order of Their Importance:

Certification

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation of all statements made in this application and understand that false information or documentation or a failure to disclose relevant information may be grounds for rejection of my application or dismissal if I am employed. I acknowledge that criminal record history and credit history background checks will be part of the application process.

Signature of Applicant

Date