



Employment Application

Personal Information

Full Legal Name:

Current Physical Address:

Cell Phone:

Date of Birth:

Position Applying For:

Days available to work (select all that apply):

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Available Start Date:

Hours available:

Education & Work History

High School Name:

Completion Year:

College Name:

Degree Type:

College Name:

Degree Type:

Start Date:

1. Name of Employer:

End Date:

Position:

Employer Phone:

Start Date:

2. Name of Employer:

End Date:

Position:

Employer Phone:

Start Date:

3. Name of Employer:

End Date:

Position:

Employer Phone:

Church Attendance History

Church Name: _____ City: _____ Year attended: _____

Church Name: _____ City: _____ Year attended: _____

Church Name: _____ City: _____ Year attended: _____

Personal Testimony

Please tell us about how and when you became a Christian. *(if applicable)*

References

List 2 reference other than previous employers or relatives.

1. Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Background Check

We desire to protect them; therefore we ask you to please answer the following questions with full honesty; we will protect your privacy.

1. Are you willing to have a background check completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been known by any other name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been charged with, indicted for, or pled guilty to an action prohibited by the Texas Family Code, or a similar code in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been charged with or convicted of child neglect or abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have complaints or allegations of misconduct with children been made against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you abused alcohol, legal drugs, or illegal drugs in the past 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is there any fact or circumstance, including physical or mental health, involving you or your background, which would call into question you being entrusted with the supervision, guidance, and care of children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8b. If yes, please explain:

If you were personally a victim of child abuse, we require that you make this information known to the pastor. Admitting you were a victim will not automatically disqualify you from employment / service. Your confidence will be respected and appreciated.

The information contained in this application is correct to the best of my knowledge. I authorize Calvary Baptist Church to obtain any pertinent information and complete a background check. I also authorize any references or churches listed in this profile to give Calvary Baptist Church any information, including opinions that they may have regarding my character and fitness for Children's work. In consideration of the receipt and evaluation of this profile, I hereby release any individual, church, reference, or any other person or organization, both collectively and individually, from any liability for damages or whatever kind or nature which may be at any time result to me, my heirs, or my family on account of compliance, or any attempts to comply with this organization identified by me in this profile.

Should my profile be accepted, and I am given the opportunity to serve as a children's / youth worker or volunteer, I agree to be bound by the policies and rules of Calvary Baptist Church and to refrain from unscriptural conduct in the performance of my services.

I further state that I have carefully read the foregoing release and know the contents thereof; and sign this release as my own free act.

First name:	Middle Initial:	Last Name:
DOB:	DL #:	Social Security #:
Applicant Signature:		Date:
Pastor Signature:		Date: