



Employment Application Form

Today's Date: _____

List Job(s) for which you are applying:

1. _____
2. _____

Directions: Print out this form, fill out each section legibly and turn the form in at Olive's main office.

For your information:

Olive Baptist Church is a drug-free workplace. If you are offered a job at Olive you will be asked to take a drug test. Refusal to submit to a drug test or a positive confirmed test result will be used as a basis to reject you for employment. All employees are subject to random testing. Olive Baptist Church also runs a criminal background check on all new employees and will check your driving record if you are required to drive during the course of your employment.

I. Personal Data

Name (Last) _____ (First) _____ (Middle) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Social Security # _____

Emergency Contact _____

Emergency Contact Phone Number _____

Have you ever been convicted of a crime? (circle one) Yes No
If yes, list type of crime, date of conviction, and penalty imposed. _____

Have you ever been a defendant in a civil action? (circle one) Yes No
If yes, give details and disposition of the case. _____

II. Education

High School Diploma: (circle one) Yes No If yes, where? _____

Business College: (circle one) Yes No If yes, where? _____

University or College: Yes No If yes, did you graduate? _____

List major and minor

Degree _____ School / Location _____

School or College activities in which you were involved _____

Seminary or other graduate work: Yes No if yes, did you graduate? _____

Degree _____ School / Location _____

School or College activities in which you were involved _____

III. Employment History

(List 3 with most recent employment first, or attach resume)

Employer _____ Phone _____
Address _____
City _____ State _____ Zip _____
Starting / Ending Dates _____ Title / Function _____
Supervisor _____ Reason for leaving _____

Can we contact this employer (circle one) Yes No

Employer _____ Phone _____
Address _____
City _____ State _____ Zip _____
Starting / Ending Dates _____ Title / Function _____
Supervisor _____ Reason for leaving _____

Can we contact this employer (circle one) Yes No

Employer _____ Phone _____
Address _____
City _____ State _____ Zip _____
Starting / Ending Dates _____ Title / Function _____
Supervisor _____ Reason for leaving _____

Can we contact this employer (circle one) Yes No

IV. Job Data

(Check areas in which you have experience or training)

Computer / Secretarial	Other	Kitchen
<input type="checkbox"/> Keyboard	<input type="checkbox"/> Child Care	<input type="checkbox"/> Cook
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Custodian	<input type="checkbox"/> Helper
<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Maintenance (list specific skills) _____	
<input type="checkbox"/> Computer Skills (list software in which you are proficient) _____		

V. Church Life

Current Member of a church? (circle one) Yes No If yes, please fill out the following

Name of church where you hold membership _____

Location _____ Denomination _____

Church Activities / Ministries involved in _____

Describe your conversion experience _____

VI. Health

How would you describe your general health? _____
Hearing? _____ Eyesight? _____
Physical Impairments? _____
Date of last physical exam _____

VII. Character References

(Do not list relatives or former employees)

Name of Reference _____ **Years Known** _____
Phone _____ **Relationship (co-worker, friend, etc)** _____

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Release Authorization and Drug Free Workplace Notification

I hereby authorize any person bearing this release to obtain information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to academic, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information up request to the bearer.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance or any attempts to comply with this authorization.

I have received a Drug Free Workplace Policy. I understand that as a condition of my employment I must submit to a pre-employment drug test and that my employment is conditioned upon a negative drug test result.

Signature _____ Date _____