



AMERICAN BAPTIST CHURCHES USA

Application for Employment

We do not discriminate on the basis of race, color, national origin, sex, age, non-job-related disability, medical condition, marital status, veteran status or religion, except in cases where religion is a bona fide occupational requirement. It is our intention that all qualified applicants be given equal opportunity.

Each question should be answered fully and accurately. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application.

Today's Date _____ Job Applied For _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name	First Name	Middle Name	Telephone Number
Present Street Address	City	State	Zip Code

Email address: _____

Are you 18 years of age or older? Yes No (If you are hired you may be required to submit proof of age.)

If hired, can you prove that you are legally permitted to work in the U.S.? Yes No

Have you ever applied here before?..... Yes No If yes, when _____

Were you ever employed here?..... Yes No If yes, when _____

Have you ever been convicted of a felony?..... Yes No
 If yes, give details _____
 (A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now, or do you expect to be, engaged in any other business or employment?..... Yes No
 If yes, please explain _____

List professional, trade, business or civic activities and offices held. (You may exclude labor organizations and memberships which might reveal race, color, religion, national origin, sex, age, disability or other protected status.)

EDUCATION -List Name & Address of Schools

Name of School and Address	# of Years Completed	Diploma/Degree/Certificate	Subjects Studied
High School			
Vocational or Technical			
College or University			
Graduate Study/Program			

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

EMPLOYMENT INFORMATION

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Name of Employer	Job Title & Duties
Address	Dates of Employment: From _____ To _____
City, State, Zip Code	Pay: Start: \$ _____ Final: \$ _____
Supervisor: _____ Telephone Number _____	Reason for Leaving _____
Name of Employer	Job Title & Duties
Address	Dates of Employment: From _____ To _____
City, State, Zip Code	Pay: Start: \$ _____ Final: \$ _____
Supervisor: _____ Telephone Number _____	Reason for Leaving _____
Name of Employer	Job Title & Duties
Address	Dates of Employment: From _____ To _____
City, State, Zip Code	Pay: Start: \$ _____ Final: \$ _____
Supervisor: _____ Telephone Number _____	Reason for Leaving _____
MILITARY SERVICE	Rank: _____
Present Selective Service Status: _____	Experience: _____
Present Military Duty: _____	Previous Service: _____
Branch: _____ From: _____ To: _____	Branch: _____ From: _____ To: _____

Have you worked or attended school under any other name(s)?..... Yes No
 If yes, give name(s) _____

Are you presently employed?..... Yes No
 If yes, may we contact your present employer?..... Yes No

Have you ever been fired from a job or asked to resign?..... Yes No
 If yes, please explain _____

List three professional references

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that if I provide any false information or omit information I may be disqualified from further consideration for employment or, if I am hired, my employment may be terminated if such false information or omission is discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-placement physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____

This application for employment will remain active for one year.



American Baptist Churches, USA

Applicant Data Record

We do not discriminate on the basis of race, color, national origin, sex, age, non-job-related disability, medical condition, marital status, veteran status or religion, except in cases where religion is a bona fide occupational requirement. It is our intention that all qualified applicants be given equal opportunity.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with record keeping and reporting, we request that you please fill out the applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. **YOUR COOPERATION IS VOLUNTARY.**

(Please Print)

Date _____

Position(s) Applied for _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Agency Other _____

Name _____ Phone _____
Last First Middle

Address _____
Number Street City State Zip

Voluntary Survey

ABCUSA affirmative action policies require periodic reports on the gender and ethnicity of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

Check one: Male Female

Racial/Ethnic Identity: (e.g., African-American, Asian, etc...) _____