



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

ANSWER ALL QUESTIONS COMPLETELY WHETHER OR NOT YOU PROVIDE A RESUME. PLEASE PRINT.

SOCIAL SECURITY# _____

Last Name: _____

First Name: _____

Middle Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone #: _____

Cell Phone #: _____

Are you over 18 years of age? Yes No

Are you a United States Citizen? Yes No

If not, please provide verification of your immigration status.

APPLICANT INFORMATION

Position applied for: _____

When are you available to begin work? _____

How did you learn of this position? _____

Are there any hours or days you cannot or will not work? _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony or any crime involving moral turpitude? Yes No

If yes, please provide the following information:

Date of conviction: _____ Nature of offense: _____

Have you ever been arrested, charged, and sentenced for the commission of any felony, or any crime involving moral turpitude, where first offender treatment was granted, where an adjudication of guilt or sentencing was withheld, or where you entered a plea of *nolo contendere*? Yes No

Date of sentencing: _____ Nature of offense: _____

Have you previously applied for or ever been employed by New Birth? Yes No

Do you have members of your household or relatives currently employed by New Birth?
 Yes No (If yes, please provide the following information)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

EDUCATION AND TRAINING

Please complete the following information regarding your educational experience. Attach an additional sheet if necessary.

School	Name / Location	Number of Years Attended	Did you Graduate? Yes/No	Type of Degree, Diploma or Certificate
High School (Last Attended)				
Vocational Schools, Junior College				
All College and Universities				

Other training or information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, voluntary work experience, software knowledge, etc.

SKILLS

Computer Skills (Please check you skill level)

- | | | | |
|---|-----------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Outlook | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |

Other _____

EMPLOYMENT HISTORY

Complete in chronological order starting from most recent employer.
Please attach additional paper if needed. Do not substitute resume for this section.

Present employer: _____ Phone # : _____

Position(s) held:

Start date (Month/Year): _____ End date (Month/Year): _____ Starting pay: (Per Hr or Annual) \$ _____ Ending pay: (Per Hr or Annual) \$ _____

Direct Supervisor/Manager: _____ May we contact? Yes No

Reason for leaving: _____

Previous employer: _____ Phone # : _____

Position(s) held:

Start date (Month/Year): _____ End date (Month/Year): _____ Starting pay: (Per Hr or Annual) \$ _____ Ending pay: (Per Hr or Annual) \$ _____

Direct Supervisor/Manager: _____ May we contact? Yes No

Reason for leaving: _____

Previous employer: _____ Phone # : _____

Position(s) held:

Start date (Month/Year): _____ End date (Month/Year): _____ Starting pay: (Per Hr or Annual) \$ _____ Ending pay: (Per Hr or Annual) \$ _____

Direct Supervisor/Manager: _____ May we contact? Yes No

Reason for leaving: _____

Previous employer: _____ Phone # : _____

Position(s) held:

Start date (Month/Year): _____ End date (Month/Year): _____ Starting pay: (Per Hr or Annual) \$ _____ Ending pay: (Per Hr or Annual) \$ _____

Direct Supervisor/Manager: _____ May we contact? Yes No

Reason for leaving: _____

GENERAL INFORMATION

Have you accepted Jesus Christ as your Lord & Savior? Yes No What year? _____

What church do CURRENTLY you attend? _____ City: _____ State: _____

Pastor's Name: _____ Length of membership? _____

What church did you PREVIOUSLY attend? _____ City: _____ State: _____

Pastor's Name: _____ Length of membership? _____

Do you currently serve as a servant leader/volunteer in any area of ministry? Yes No

If so, where? _____

OUR STATEMENT OF BELIEFS

Carefully read, sign and date.

- We believe that God is the creator of all that exists and the church is the Biblical standard for impacting the world.
- We believe that everything we do must glorify God.
- We believe that every member must be submitted and connected to the visionary and the vision, which are ordained by God.
- We believe that the Word of God is the standard for the family.
- We believe that the strength of the church is found in the strength of the family.
- We believe that what we do today affects the next four generations.

PARAMETERS

- We will not compromise God's Word.
- We will not embrace any alternative/ ungodly principles.
- We will not willfully engage in any activity that brings harm to the Kingdom of God.

Do you agree? Yes No

If you agree with New Birth Missionary Baptist Church's Statement of Beliefs, please sign below. If you do not agree, please do not sign and provide a statement or your reason for disagreement/difference

Signature

Date

REFERENCES

Please list four people who can personally attest to your spiritual and personal character)

SPIRITUAL REFERENCE

Name: _____

Years known: _____

Home Phone #: _____

Cell Phone #: _____

SPIRITUAL REFERENCE

Name: _____

Years known: _____

Home Phone #: _____

Cell Phone #: _____

PERSONAL REFERENCE

Name: _____

Years known: _____

Home Phone #: _____

Cell Phone #: _____

PERSONAL REFERENCE

Name: _____

Years known: _____

Home Phone #: _____

Cell Phone #: _____

APPLICANT'S CERTIFICATION:

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that false statements on this application shall result in the denial or immediate termination of my employment. I hereby authorize New Birth Missionary Baptist Church, Inc. to conduct a thorough background investigation in order to verify the information provided in this application and to assess my suitability for employment, and I release from all liability New Birth Missionary Baptist Church, Inc. and all persons, companies and parties supplying such information.

EMPLOYMENT AT WILL:

I understand that I will be employed at will, with no express or implied employment contract (unless otherwise provided in writing). I understand that either I have or New Birth Missionary Baptist Church, Inc. has the right to terminate the employment relationship at any time, with or without cause and with or without notice. No officer or employee of New Birth Missionary Baptist Church, Inc. has the authority to alter or amend this relationship, except the Senior Pastor, Chief Operating Officer and the Sr. Director of Human Resources at the direction of the Senior Pastor or Chief Operating Officer, who may do so only in writing.

_____ Date

_____ Applicant's Signature