



UNIVERSITY

BAPTIST CHURCH
2720 Wabash Ave
Fort Worth, TX 76109
817.926.3318

Application for Employment

PLEASE COMPLETE PAGES 1-3.

DATE _____

Name _____

Last First Middle

Present address _____

Number Street City State Zip

How long at current address _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Are you under age 18 ____YES ____NO, if "YES", can you provide proof of your eligibility to work? ____YES ____NO

Are you currently authorized to work in the United States? ____YES ____NO. Proof of eligibility will be required if hired.

Position applied for (1) _____
and wage desired (2) _____
(Be specific)

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri (Closed)
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired FULL-TIME PART-TIME TEMPORARY

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? No Yes (A Conviction record will not necessarily disqualify you from employment.)

If yes, please give list dates and charges here: _____

Employee Referral? Name _____

APPLICATION FOR EMPLOYMENT

	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU NOW A MEMBER in the ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____	Date Entered _____	Discharge Date _____

Work Experience Please list your work experience for the beginning with your most recent job held.
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation ____ Yes ____ No.

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, gender, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Release Authorization

I hereby authorize University Baptist Church of Fort Worth to obtain information relating to my criminal history record through any agency, entity, or organization having such information. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time.

I authorize all persons who may have information relevant to this check to disclose to University Baptist Church, or its agent, and I hereby release all persons from liability on account of disclosure. I understand that all information gathered would be considered strictly confidential except as otherwise agreed.

Thank you for completing this application form and for your interest in our church.

Applicant Signature

Print

Date