



Employment Application

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 criminal background checks on all new employees and will check your driving record if you are required to drive during the course of your employment.

Date:	Job(s) For which you are applying:		
PERSONAL DATA			
Name (Last):	First:	Middle:	
Address:			City:
State:	Zip:	Email:	
Home Phone:	Cell Phone:	Social Security #:	
Emergency Contact Name	Relation	Phone Number	
1.			
CRIMINAL BACKGROUND			
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please fill out the following:	
List Type of Crime and Penalty Imposed	Convicted	Date of Conviction	County State
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been a defendant in a civil action?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details and disposition of the case:	
EDUCATION			
High School Diploma:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, where?
Business College:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, where?
University or College:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
List major and minor degree:	School/Location:		
School or College activities in which you were involved:			
Seminary or other graduate work:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree:	School/Location:		
School or College activities in which you were involved:			
EMPLOYMENT HISTORY (LIST 3 WITH MOST RECENT EMPLOYMENT FIRST OR ATTACH RESUME)			
1. Employer:	Phone:	Can we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Address:			
City:	State:	Zip:	
Start / Ending Dates:	Title / Function:		
Supervisor:	Reason for leaving:		
2. Employer:	Phone:	Can we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Address:			
City:	State:	Zip:	
Start / Ending Dates:	Title / Function:		
Supervisor:	Reason for leaving:		
3. Employer:	Phone:	Can we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	
Address:			
City:	State:	Zip:	
Start / Ending Dates:	Title / Function:		
Supervisor:	Reason for leaving:		

JOB DATA (CHECK AREAS IN WHICH YOU HAVE EXPERIENCE OR TRAINING)

Ministerial <input type="checkbox"/> Ordained or Licensed <input type="checkbox"/> Music <input type="checkbox"/> Executive Administration	Computer / Secretarial <input type="checkbox"/> Keyboard <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Computer Skills (list software in which you are proficient):	Technical <input type="checkbox"/> Audio Visual <input type="checkbox"/> Media <input type="checkbox"/> IT	Kitchen <input type="checkbox"/> Cook <input type="checkbox"/> Helper	Other <input type="checkbox"/> Child Care <input type="checkbox"/> Custodian <input type="checkbox"/> Maintenance (List specific skills):
--	---	--	--	--

CHURCH LIFE

Current Member of a church? 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:

HEALTH

How would you describe your general health?

Hearing? _____ Eyesight? _____

Physical Impairments?

Date of last physical exam:

CHARACTER REFERENCES (DO NOT LIST RELATIVES OR FORMER EMPLOYEES)

1. Name of Reference:	Years Known:
Phone: _____	Relationship (co-worker, friend, etc.): _____
2. Name of Reference:	Years Known:
Phone: _____	Relationship (co-worker, friend, etc.): _____
3. Name of Reference:	Years Known:
Phone: _____	Relationship (co-worker, friend, etc.): _____

Employee Commitment, Release Authorization and Drug Free Workplace Notification

I understand that as a condition of my employment, I accept and will act in accordance with Olive’s commitments of faith.

Mission: To Develop Fully Devoted Followers of Jesus Christ

Purpose & Core Values:

- | | |
|--|---|
| a. Worship – We Seek to Know God | c. Discipleship – We Equip People to Walk with Christ |
| b. Evangelism – We Connect People to the Message of Christ | d. Ministry – We Share God’s Love by Serving Others |

The Baptist Faith and Message. – Adopted by the Southern Baptist Convention June 14, 2000. (A printed copy is available at the main office or on our website, www.olivebaptist.org).

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.

Also, I understand that as a condition of my employment I must submit to a pre-employment drug/alcohol test and my refusal to submit to a drug/alcohol test or a positive confirmed drug/alcohol test is a basis for rejecting to hire a job applicant.

Signature: _____ Date: _____