



# Application for Employment

3310 So. WS Young Dr.  
Killeen, TX 76542  
254.634.6262  
Fax 254.634.8811

## **PERSONAL INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Church City \_\_\_\_\_ State \_\_\_\_\_ Are you a member? \_\_\_\_\_

In case of emergency please notify: Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Desired \_\_\_\_\_

Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Available \_\_\_\_\_

Have you ever been accused of child abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been a victim of child abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

## **EDUCATION**

High School \_\_\_\_\_

Course of Study \_\_\_\_\_ Degree/Years Completed \_\_\_\_\_

Trade/Business \_\_\_\_\_

Course of Study \_\_\_\_\_ Degree/Years Completed \_\_\_\_\_

College/University \_\_\_\_\_

Course of Study \_\_\_\_\_ Degree/Years Completed \_\_\_\_\_

Special Courses/Training \_\_\_\_\_

Course of Study \_\_\_\_\_ Degree/Years Completed \_\_\_\_\_

## **WORK EXPERIENCE** *(Begin with most recent)*

1) Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_ Salary \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2) Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_  
Employer \_\_\_\_\_ Salary \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3) Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_  
Employer \_\_\_\_\_ Salary \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL RECORD**

List any physical limitations you have: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been injured in a way that could affect your job performance? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please give one work, one education and one character reference. Do not list relatives.

1) Name \_\_\_\_\_ Reference Type \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

2) Name \_\_\_\_\_ Reference Type \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

3) Name \_\_\_\_\_ Reference Type \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Write a short paragraph telling why you are interested in this position and what you think would be expected of you in this position.

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**APPLICANT'S STATEMENT**

I am aware that a criminal history record check and drug testing may be made on all employees.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview may result in termination. I understand also that I am required to abide by all rules and regulation of First Baptist Church.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Today's Date

.....  
**OFFICE USE ONLY**  
.....

Interview Date \_\_\_\_\_

Application Remarks \_\_\_\_\_  
\_\_\_\_\_

Interview Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_