



EMPLOYMENT APPLICATION

PERSONAL INFORMATION			
Last Name:	First Name:	Middle Initial:	
Street Address:		Apartment/Unit #:	
City:	State:	Zip:	
Phone:	Email:		
Date Available:		Desired Salary:	
Position Applied For:			
Are you authorized to work in the U.S? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you 18 years or older? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EMPLOYMENT INFORMATION			
Date From/To:	Employer	Position	Reason for Leaving
EDUCATION & TRAINING			
Education	Name and Location	Diploma/Degree	Major
High School			

College			
List Computer Software you are familiar with.			
List other job related qualifications and skills.			
REFERENCES: Please list three professional/personal references.			
Name:	Relationship:	Contact #:	
Name:	Relationship:	Contact #:	
Name:	Relationship:	Contact #:	

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, I am subject to the policies contained in First Baptist Barlow Church's Handbook and a 90 day observation period. I further understand that this application is not a contract of employment, nor a legal document, and nothing contained herein creates a contract between First Baptist Barlow Church and me.

I consent to First Baptist Barlow Church conducting a background check (criminal and/or credit), as long as the results are kept confidential. I authorize the appropriate law enforcement agency to release information pertaining to any record or file maintained on me and release said agency from any and all liability resulting from such disclosure.

Signature: _____	Date: _____
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