

# **AMERICAN BAPTIST CHURCHES USA**

## **Application for Employment**

We do not discriminate on the basis of race, color, national origin, sex, age, non-job-related disability, medical condition, marital status, veteran status or religion, except in cases where religion is a bona fide occupational requirement. It is our intention that all qualified applicants be given equal opportunity.

Each question should be answered fully and accurately. Use blank paper if you do not have enough room on this application.

PLEASE PRINT, except for signature on back of application.

Coday's Date Jo	ob Applied For			
re you seeking: Full-time□ Part-tin	ne□ Temporary□ emp	oyment? When could	d you start work?	
Last Name	First Name	Middle Name	Telephone	e Number
Present Street Address	City	State	e Zip Code	
Email address:		Social Security #	/ /	
Are you 18 years of age or older?	. Yes□ No□ (If you a	re hired you may be r	required to submit proc	of of age.)
f hired, can you prove that you are leg	gally permitted to work in	the U.S.?	Yes□	No□
Have you ever applied here before?		Yes□ No□ If	Eyes, when	
Were you ever employed here?		Yes□ No□ I	f yes, when	
Have you ever been convicted of a felo If yes, give details	omatically disqualify you	from employment, si		
Are you now, or do you expect to be, e  If yes, please explain List professional, trade, business or civ which might reveal race, color, religion	vic activities and offices h	eld. (You may exclu	de labor organizations	
EDUCATION -List Name & Addres	ss of Schools			
Name of School an		# of Years Completed	Diploma/Degree/ Certificate	Subjects Studied
High School				
Vocational or Technical				
College or University				
Graduate Study/Program				
			<u> </u>	
What skills or additional training do yo	ou have that are related to	the job for which you	u are applying?	
What skills or additional training do yo	ou have that are related to	the job for which you	u are applying?	

#### EMPLOYMENT INFORMATION

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references

Name of Employer	perious or unemployment	Job Title & Duties	If self-employed, give firm name and supply business reference  Job Title & Duties		
Address		Dates of Employment: From	То		
City, State, Zip Code		Pay: Start: \$	Final: \$		
Supervisor:	Telephone Number	Reason for Leaving			
Name of Employer		Job Title & Duties			
Address		Dates of Employment: From	То		
City, State, Zip Code		Pay: Start: \$	Final: \$		
Supervisor:	Telephone Number	Reason for Leaving			
Name of Employer		Job Title & Duties			
Address		Dates of Employment: From	То		
City, State, Zip Code		Pay: Start: \$	Final: \$		
Supervisor:	Telephone Number	Reason for Leaving			
MILITARY SERVICE		Rank:			
Present Selective Service Status:		Experience:			
Present Military Duty:		Previous Service:			
Branch: From	m: To:	Branch: From:	То:		
	•	s)?	Yes□ No□		
			Yes□ No□		
If yes, may we contact yo	our present employer?		Yes□ No□		
-	ob or asked to resign?		Yes□ No□		
List three professional references Name	Address	Telepho	one Number		
PLEA	SE READ EACH STATEM	IENT CAREFULLY BEFORE SIGNIN	G		
information or omit information I ma terminated if such false information o I authorize the investigation of any (except as previously noted), past em	y be disqualified from further or omission is discovered at a or all statements contained in uployers and organizations na	plication is true and complete. I undersome consideration for employment or, if I are later date.  In this application and also authorize any parmed in this application to provide relevant organizations from any legal liability is	n hired, my employment may person, school, current emplo nt information and opinions		

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-placement physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature_	Date_	

This application for employment will remain active for one year.



### American Baptist Churches, USA

## **Applicant Data Record**

We do not discriminate on the basis of race, color, national origin, sex, age, non-job-related disability, medical condition, marital status, veteran status or religion, except in cases where religion is a bona fide occupational requirement. It is our intention that all qualified applicants be given equal opportunity. As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with record keeping and reporting, we request that you please fill out the applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY. (Please Print) Date \_\_\_\_\_ Position(s) Applied for □Relative □Walk-in Referral Source: □Advertisement □Friend □Other □Employment Agency Name \_\_\_\_\_ Phone Address State Zip **Voluntary Survey** ABCUSA affirmative action policies require periodic reports on the gender and ethnicity of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY. □Female Check one: □Male Racial/Ethnic Identity: (e.g., African-American, Asian, etc...)