



APPLICATION FOR EMPLOYMENT

Applications are received, and employees are hired without regard to race, color, sex, age, national origin, or disability (except as required for performance of specific duties). The receipt of this application does not mean that job openings exist or does not obligate us in any way. Employment is "at-will" and may be terminated at any time with or without cause. We appreciate your interest in Hebron Baptist Church.

While completing this application, if you find it necessary to provide comments or explanations to questions asked, please attach additional sheets of paper. PLEASE PRINT OR TYPE ALL INFORMATION.

PERSONAL INFORMATION

Name _____ Name You Go By _____
Last First Middle

Other Names (include maiden name and use separate page, if needed) _____

Present Address _____ How long at present address? _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Are you a licensed driver? Yes No If so what state? _____

Are you over the age of 18? Yes No If no, employment is subject to verification that you are of minimum legal age.

Are you legally eligible for employment in the United States? Yes No

Have you ever worked under a different name? Yes No _____

Are you ordained? Yes No Are you licensed? Yes No If yes, are you exempt from social security? Yes No

EMPLOYMENT INFORMATION

Position applying for _____ Date available for work _____

What salary/hourly rate do you expect? _____

Type of Employment Full Time Part Time Temporary

If part time, what days and hours _____

Have you ever applied for a job with Hebron before? Yes No

Have you ever worked for Hebron before? Yes No _____

Have you ever been discharged or requested to resign from a position? Yes No

If yes, please explain _____

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? Yes No

Do you have any responsibilities that may affect your daily attendance? Yes No

If yes, please explain _____

Can you perform the essential functions of the job with or without an accommodation? Yes No

Are there any experiences, skills, or qualifications that especially fit you for work with our organization?

EDUCATION INFORMATION

SCHOOL	YEARS COMPLETE	DEGREE RECEIVED	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
High School					
Trade, Business or Correspondence					
College					
Graduate School or Seminary					

Describe any other specialized or professional training (such as computers, etc.). _____

If you are presently enrolled in school, what are you studying? _____

CHURCH HISTORY AND PRIOR MINISTRY WORK

Date of Salvation _____ Date of Baptism _____

Present Church Membership _____ How Long? _____

Address (if other than Hebron) _____ Phone: _____

Ministry Area: _____ Contact Person: _____

Are you a member of a Small Group Bible Study (Sunday School Class)? Yes No

If yes, name of group or teacher: _____

Please list other church(s) where you have been a member, attended, served as a volunteer, or been employed in the past 10 years (use separate page, if needed):

CHURCH NAME & ADDRESS	PHONE – FAX – E-MAIL	MINISTRY AREAS	DATES OF SERVICE

Please list non-church volunteer work involving preschool, children, youth or senior adults (Little League, Boy Scouts, YMCA, etc.).

ORGANIZATION NAME & ADDRESS	PHONE – FAX – E-MAIL	SERVICE AREA	DATES OF SERVICE

PRIOR WORK RECORD (start with most recent or present employer)

Hebron Baptist Church ~ 202 Hebron Church Road ~ P.O. Box 279 ~ Dacula, GA 30019 ~ 770.962.3671 ~ www.hebronchurch.org

1. Name of Most Recent Employer _____ Phone # _____
Address _____
Name and Position of Immediate Supervisor _____
Dates of Employment: From _____ To _____
Your Position or Title _____
Describe your duties _____
Reason for leaving _____

2. Name of Employer _____ Phone # _____
Address _____
Name and Position of Immediate Supervisor _____
Dates of Employment: From _____ To _____
Your Position or Title _____
Describe your duties _____
Reason for leaving _____

3. Name of Employer _____ Phone # _____
Address _____
Name and Position of Immediate Supervisor _____
Dates of Employment: From _____ To _____
Your Position or Title _____
Describe your duties _____
Reason for leaving _____

May we contact your present employer? _____

PERSONAL REFERENCES (do not list relatives or previous supervisors)

Name _____ Phone # _____ Years known _____ Occupation _____

Name _____ Phone # _____ Years known _____ Occupation _____

Name _____ Phone # _____ Years known _____ Occupation _____

APPLICANT'S STATEMENT – READ CAREFULLY

In consideration of the receipt and evaluation of this application by **HEBRON BAPTIST CHURCH**, I agree and represent that the information contained in this form is correct to the best of my knowledge. I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from Hebron Baptist Church.

I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for employment. I hereby release any individual, church, denominational agency or official, corporation, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.

Applicant's Signature: _____ Date: _____