

Have you ever been listed on State Abuse Registries? ___ Yes ___ No

If YES, list registries _____

Are there any other experiences, skills, or qualifications, which have prepared you to work with our organization? _____

Education

Type of School	Name & Address	Courses Majored In	Circle Last Year Completed	Graduate? Show Degree
Elementary/Middle			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Post Graduate				

If you are applying for a position which by law requires a college, high school or GED education, you must provide proof of diploma and/or transcript.

EMPLOYMENT HISTORY (Start with most recent/current employer)

Name: _____ From: _____ To: _____

Address: _____ Position: _____

Duties: _____ Starting salary/wages: _____

Final salary/wages: _____

Reason for leaving: _____ Supervisor: _____

May we contact this employer &/or supervisor: ___ yes ___ no Phone: _____

Name: _____ From: _____ To: _____

Address: _____ Position: _____

Duties: _____ Starting salary/wages: _____

Final salary/wages: _____

Reason for leaving: _____ Supervisor: _____

May we contact this employer &/or supervisor: ___ yes ___ no Phone: _____

Name: _____ From: _____ To: _____

Address: _____ Position: _____

Duties: _____ Starting salary/wages: _____

Final salary/wages: _____

Reason for leaving: _____ Supervisor: _____

May we contact this employer &/or supervisor: ___ yes ___ no Phone: _____

MILITARY SERVICE:

Branch of Service: _____ **From:** _____ **To:** _____

Rank: _____ **Duties:** _____

References-your Pastor, 1 Bank & 3 Personal-do not list relatives (please print or type, give complete mailing address)

NAME & ADDRESS	TELEPHONE	YEARS KNOWN
_____	() _____	_____
_____	() _____	_____
_____	() _____	_____
_____	() _____	_____
_____	() _____	_____

PLEASE PROVIDE YOUR RESIDENTIAL ADDRESSES FOR THE PAST FIVE YEARS OR LAST FIVE CITIES & COUNTIES OF PERMANENT RESIDENCE.

Please print clearly. Give full address including zip code.

Job Applicant's Agreement and Certification

“I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.”

“I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between FWBFM and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon FWBFM unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that FWBFM retains the same right.”

“If I am offered employment, I agree to submit to a physical examination and a drug screen whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures.”

“I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time.”

“I understand that this application will be kept on file for ninety days from the date completed, after which time I would have to reapply in accordance with established company procedures.”

Pre-Employment Drug Free Testing Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Free Will Baptist Family Ministries, in the selection process of applicants for employment or the purpose of determining the drug content there of.

I agree that the testing facility and medical review officer may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at this company.

I further agree to hold harmless the company and it agents (including the testing laboratory or clinic) from any liability arising in whole or part of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:
Print Name _____ SS# _____ - _____ - _____

Applicant:
Signature _____ Date: _____/_____/_____

Witness Printed Name: _____

Witness signature: _____

(Signature of Applicant)

(Date)