

**FIRST BAPTIST CHURCH - ROSENBERG, TEXAS
APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION

DATE _____

DATE OF BIRTH _____

SOCIAL SECURITY NO. _____

NAME _____
Last First Middle

PRESENT ADDRESS _____
Street City State Zip

PERMANENT ADDRESS _____
Street City State Zip

PHONE NO. _____ REFERRED _____

EMPLOYMENT DESIRED

POSITION _____ SALARY DESIRED _____

ARE YOU EMPLOYED? _____ IF SO WHERE? _____ MAY WE CALL EMPLOYER? _____

Apart from absence for religious observance, are you available for full-time work? YES _____ NO _____

Will you work overtime if asked? YES _____ NO _____

When will you be available to begin? _____

EDUCATION

HIGH SCHOOL _____

ADDRESS _____
Street City State Zip

YEARS ATTENDED _____ DATE GRADUATED _____

COLLEGE ATTENDED _____

ADDRESS _____
Street City State Zip

YEARS ATTENDED _____ DATE GRADUATED _____ DEGREE _____

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL

NAME _____

ADDRESS _____
Street City State Zip

YEARS ATTENDED _____ DATE GRADUATED _____ SUBJECTS _____

GENERAL

Subjects of special study or training _____

U.S. MILITARY OR
NAVAL SERVICE _____ RANK _____

Are you over 18 years of age? YES _____ NO _____ Are you a U.S. Citizen? YES _____ NO _____
If not, employment is subject to verification of minimum legal age. If not, please attach a copy of your current work permit papers.

Give the names, address, telephone number and name of supervisor of the last three companies for which you worked.

Company Name Date of Employment From - To

Address Phone

Name of Supervisor

Company Name Date of Employment From - To

Address Phone

Name of Supervisor

Company Name Date of Employment From - To

Address Phone

Name of Supervisor

State names of relatives and friends working for us

Please list previous addresses for the last 15 years

Street City County State Zip From To

Street City County State Zip From To

Street City County State Zip From To

Have you ever been bonded? YES _____ NO _____

If yes, with what employers? _____

Have you ever been convicted of a felony or a crime of moral turpitude including theft? YES _____ NO _____

If yes, give details including date, place, nature of conviction and disposition. _____

Are you currently charged with (indictment or official criminal complaints accepted by county or district attorney) a felony or misdemeanor? YES _____ NO _____

If yes, give details, including the type of charges. _____

Do you use illegal drugs? YES _____ NO _____

Do you smoke? YES _____ NO _____

Has your driver's license ever been suspended? YES _____ NO _____

REFERENCES

Give the names, addresses, and telephone numbers of three persons who know you personally and are willing to certify to your character, ability, and experience. These persons must not be related to you or employed by this facility.

Name

Address Phone No.

Name

Address Phone No.

Name

Address Phone No.

For Employees Working With Preschool Children Only

STATEMENT

I acknowledge that I have been informed about Human Resources Code, Chapter 42, the child care licensing law and the appropriate set of minimum standards, and these documents are available to me for review.

I acknowledge that I am aware that no one may serve in any capacity where there is contact with children who has been convicted within the preceding 10 years of a felony classified as an offense against the person or family, of public indecency, or a violation of the Texas Controlled Substance Act or of any misdemeanor classified as an offense against the person or family or of public indecency unless the Director of Licensing has ruled that proof of rehabilitation has been established.

I acknowledge that I am aware that any employee or other person must be reassigned or removed from any contact with children if any of the following is returned:

1. An indictment alleging commission of a felony classified as an offense against the person or family or of public indecency, or a violation of the Texas Controlled Substance Act.
2. An indictment alleging commission of a misdemeanor classified as an offense against the person or family, or of public indecency.
3. An official criminal complaint accepted by a district or county attorney alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency.

I have read this statement.

Signature

Date

STATEMENT

The information that I have provided on this application may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provided information. I also agree to hold harmless First Baptist Church and the officers, employees, and volunteers thereof.

If First Baptist Church decides to engage an investigative consumer report agency to report on my credit and personal history I authorize First Baptist church to do so. If a report is obtained, First Baptist Church will provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

If employed and it is deemed necessary to share evaluation of employment with church committees, church body, and/or those requesting such information, I hereby release and agree to hold harmless from liability First Baptist Church, and the officers, employees and volunteers.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If employed, I understand that any misstatement or omission of fact on this application may result in my dismissal.

Do not sign below until in the presence of a notary.

Date

Signature

Notary

TEXAS WORKERS' COMPENSATION COMMISSION
 200 EAST RIVERSIDE, AUSTIN, TEXAS 78704-1287
 512-448-7900

WAIVER OF CONFIDENTIALITY

I understand all information in my worker's compensation claim file(s), is confidential under the Texas Workers' Compensation Act. However, I hereby waive any such right of confidentiality and authorize the information outlined below from my records to be released to the undersigned employer for a period not to exceed fourteen days from the date of application for employment.

SECTION 2.33. INFORMATION AVAILABLE TO PROSPECTIVE EMPLOYERS. (a) When a person applies for employment, the prospective employer who has workers' compensation insurance coverage is entitled, on compliance with this chapter, to obtain information on the applicant's prior injuries. (b) The employer must make the request by telephone or file the request in writing not more than 14 days after the date on which the application for employment is made. (c) The request must include the applicant's name, address, and social security number. (d) The employer must obtain written authorization from the applicant before making the request. (e) If the request is made in writing, the authorization shall be filed simultaneously. If the request is made over the telephone, the employer shall file the authorization not later than the 10th day after the date on which the request is made.

THIS FORM MUST BE FILLED OUT COMPLETELY AND NOTARIZED TO COMPLY WITH THE LAW

<p>_____ Telephone Yes No Date of request (Must Circle One)</p> <p>Signature</p> <p>1. Requester's Full Name and Title</p> <p>2. /_/_/_/_ - /_/_/_/_/_ /_/_/_/_/_ /_/_/_/_/_ Federal Tax I.D. Number</p> <p>3. Employer's Full Name</p> <p>4. Street Address</p> <p>City State Zip</p>	<p>_____ 5. Date of Application</p> <p>Signature</p> <p>6. Print or Type Applicant's Full Name</p> <p>7. /_/_/_/_ /_/_/_/_ /_/_/_/_ /_/_/_/_ /_/_/_/_ /_/_/_/_ /_/_/_/_ /_/_/_/_ /_/_/_/_ /_/_/_/_ Social Security Number</p> <p>8. Street Address</p> <p>City State Zip</p>
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IF REQUESTED BY PHONE THIS FORM MUST BE RECEIVED WITHIN 10 DAYS IN THE COMMISSION'S AUSTIN OFFICE

STATE OF TEXAS
 COUNTY OF _____

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 19 _____

 Signature of Notary Public Printed Name of Notary Public

My Commission expires: _____ (Seal)