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| **PERSONAL IFORMATION** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| SEX: | Male Female | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | SSN | | | | | | | | | | | | | | | | | DATE OF BIRTH | | | | | | | | | | | | | | | |
| NAME | Click or tap here to enter text. | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| LAST | | | | | | | | | | | | | | FIRST | | | | | | | | | | | | | | | | | MIDDLE | | | | | | | | | | | | | | | |
| ADDRESS: | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | |
| STREET | | | | | | | | | | | | | | | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | STATE | | | | ZIP | |
| TELEPHONE NUMBERS: | | | | | HOME: | | | | Click or tap here to enter text. | | | | | | | | BUSINESS: | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | CELL: | | | | Click or tap here to enter text. | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | Click or tap here to enter text. | | | | | | | | | | | | Personal website (if applicable): | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If hired, can you present proof of your legal right to live and work in this country? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO  N/A | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of years in US: | | | | | Click or tap here to enter text. | | | | | | | MARTIAL STATUS: | | | | | | | | | | |  | | | MARRIED | | | | | |  | | | | DIVORCED | | | | | | | |  | | SINGLE | |
|  | | | SEPERATED | | | | | |  | | | | WIDOWED | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| If married, Name of Spouse: | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | Is this your first spouse? | | | | | | | | | | | | | | | YES  NO | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maiden Name, If applicable: | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | Do you have children? | | | | | | | | | | | | | | | YES  NO | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Names and ages of children: | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you ordained? | | | | | | YES  NO | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date and Place of Ordination? | | | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | CITY/STATE | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been baptized by immersion? | | | | | | | | | | | YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER FILED FOR BANKRUPTCY? | | | | | | | | | | | | | YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please state the nature and circumstances of the bankruptcy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVERY BEEN CONVICTED OFA FELONY? | | | | | | | | | | | | | | | YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please state the nature of the crime(s), when and, where convicted and disposition of the case: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATIONAL BACKGROUND** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TYPE OF  SCHOOL** | | | | | | **Name of school** | | | | | | | | | | **Location** (Complete mailing address) | | | | | | | | | | | | | | | | **NO. OF YEARS COMPLETED** | | | | | | | | | | | **MAJOR AND DEGREE** | | | |
| College/University | | | | | | Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | |
| Vocational or Technical School | | | | | | Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | |
| Graduate School | | | | | | Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | |
| Other | | | | | | Click or tap here to enter text. | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | Click or tap here to enter text. | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Academic Experience (post-secondary)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list courses attempted and whether or not completed; P/T or F/T; dates; institutions and certificate/awards received | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please briefly describe your general background: summarize your ministry strengths and weaknesses; ministry preferences and vision; and your special interests in ministry. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *If you answer “Yes” to any of the questions in the following section, please attach a separate sheet indicating the nature of the suit, offense, date, court, and disposition or other appropriate explanation. A conviction record will not automatically be a bar to employment. Factors such as your age at the time of the crime, seriousness and nature of the violation, time elapsed since the crime, job relatedness, and subsequent rehabilitation will be considered*  Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?   YES  NO  Has any employer ever subjected you to disciplinary action, suspended, terminated, or asked you to leave a job or volunteer position on the grounds of any unlawful sexual behavior, or violation of an employer's sexual misconduct or harassment policy?   YES  NO  Have you ever been charged in civil or criminal proceedings with improprieties regarding children?  YES  NO  Have you ever entered a plea of guilty, a plea of “no contest” (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation or in a public service or education program for any crime other than a minor traffic offense?  YES  NO  Have you ever been suspended, discharged, or resigned in lieu of discharge from any position?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **WORK EXPERIENCE** | | | | | | | | | | **WORK EXPERIENCE** | | | Please list your work and/or military experience for the past five years beginning with your most recent job held. If you were self-employed give company name. Attach additional sheets, if necessary. | | | | | | | Name of employer: | | | Click or tap here to enter text. | Name of last supervisor: | | Click or tap here to enter text. | | | | Address: | Click or tap here to enter text. | | | **Employment dates** | | | | | | Phone#: | From: | Click or tap here to enter text. | | To: | Click or tap here to enter text. | | Your last job title: | | Click or tap here to enter text. | | | | | | | | Reason for leaving (be specific): | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | May we contact this employer for a reference:  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of employer: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | Name of last supervisor: | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Address: | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | **Employment dates** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone#: | | From: | | | | | Click or tap here to enter text. | | | | | | | | | | To: | | | | | Click or tap here to enter text. | | | | | | | |
| Your last job title: | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving (be specific): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact this employer for a reference:  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of employer: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | Name of last supervisor: | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Address: | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | **Employment dates** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone#: | | From: | | | | | Click or tap here to enter text. | | | | | | | | | | To: | | | | | Click or tap here to enter text. | | | | | | | |
| Your last job title: | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving (be specific): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact this employer for a reference:  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of employer: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | Name of last supervisor: | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Address: | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | **Employment dates** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone#: | | From: | | | | | Click or tap here to enter text. | | | | | | | | | | To: | | | | | Click or tap here to enter text. | | | | | | | |
| Your last job title: | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving (be specific): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact this employer for a reference:  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of employer: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | Name of last supervisor: | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Address: | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | **Employment dates** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone#: | | From: | | | | | Click or tap here to enter text. | | | | | | | | | | To: | | | | | Click or tap here to enter text. | | | | | | | |
| Your last job title: | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving (be specific): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact this employer for a reference:  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **LEADERSHIP ROLES** | | | |
| Leadership of a church involves several roles. Consider the following list (Note up to five.) | | | |
|  | | | |
| CHURCH LEADERSHIP RESPONSIBILITIES: | | | |
|  | General Pastoral Care | | |
|  | Oversight and coordination of day-to-day operations of the church | | |
|  | Preaching | | |
|  | Management and Administration | | |
|  | Youth Ministry | | |
|  | Training, Counseling, Teaching and Mentoring | | |
|  | Outreach to the wider community | | |
|  | Support and oversight of staff and volunteers (leaders and coordinators of various activities) | | |
|  | Collaborative decision making in boards or committees | | |
|  | Personal professional development | | |
|  | Networking, facilitating partnerships, promoting unity | | |
|  | | | |
| In which of these are you strongest? Explain. | | | |
| Click or tap here to enter text. | | | |
| In which of these are you the weakest? Explain. | | | |
| Click or tap here to enter text. | | | |
| **REFERENCES** | | | |
| Do not list family members or relatives for references. | | | |
| Give three references who are qualified to speak of your spiritual experience and Christian service. **List your current pastor first**. | | | |
| Name/Company Address | | Phone | Position |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
|  | | | |
| Give three references who are qualified to speak of your professional training and experience. **List your current most recent supervisor first**. | | | |
| Name/Company Address | | Phone | Position |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
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**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

**Please Read Carefully, Initial Each Paragraph and Sign Below**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Initials | I certify that all the information in this application is accurate and complete to the best of my knowledge and I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of employment. | | | |
| Initials | I understand that neither the acceptance nor the subsequent entry into any type of employment relationship with Second Baptist Church creates an actual or implied contract of employment. I understand that, if I accept employment with Second Baptist Church, it will be on an at will basis. This means that either Second Baptist Church or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. | | | |
| Initials | I understand a personal background investigation will be conducted. I hereby authorize an investigation | | | |
|  |  | | | |
|  |  | | | |
| **Signature of Applicant** | |  | **Date** | Click or tap here to enter text. |