

**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.

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Signature

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Date

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### 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.**

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Date

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Signature

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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 style="text-align: right; margin-right: 50px;">Telephone Yes No</p> <p>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**

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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)