



APPLICATION FOR EMPLOYMENT
BROOKLAND BAPTIST CHURCH
1066 SUNSET BOULEVARD
WEST COLUMBIA, SOUTH CAROLINA 29169
BROOKLAND WEBSITE: www.brooklandbaptist.org
PHONE: (803)796-7525
FAX: (803)796-6804

DATE: _____

POSTION APPLIED FOR: _____

INSTRUCTIONS TO APPLICANT:

Please type or print legibly in ink. Incomplete applications shall not be accepted. Application must be signed by the applicant. A resume may be attached by not substituted for completing the application. All applications will be referred to the department where the vacancy is located. The Director of Operations or designee will notify all applicants in writing when the position has been filled.

PERSONAL DATA

NAME (Last, First, MI):		
SOCIAL SECURITY NUMBER:	DATE OF APPLICATION:	
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOME PHONE#:	WORK PHONE #:	MAY WE CALL YOU AT WORK?

E-Mail Address:		
ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO		PERMIT #: _____
DO YOU HAVE RELATIVES EMPLOYED AT BROOKLAND BAPTIST CHURCH? YES NO		
IF SO, NAME(S)/RELATION _____		
WHAT IS RELATIVE EMPLOYMENT POSITION? _____		
DO YOU POSSESS A VALID DRIVER'S LICENSE? YES NO EXP. DATE:		STATE ISSUED: _____
HAVE YOU PLED NO CONTEST OR BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATION (I.E. PARKING TICKET)? YES NO STATE		
IF YES: CHARGES _____		
WHERE CONVICTED	DATE	DISPOSITION/STATUS

EDUCATION

Starting with High School, provide COMPLETE information on all schools attended, including special courses or schools.

	School/Institution and Location	From Mth/Yr	To Mth/Yr	Qtr. Hours	Sem. Hours	Major/Minor Subject Areas	Graduate Yes/No	Degree/Diploma
High School or Equivalent								
College/University								

EMPLOYMENT RECORD

List ALL work history starting with your present or last position. List any self-employment, temporary, and military jobs. This section must be accurate and complete. If more space is needed, attach additional sheets in the same format, including your name and social security number on each sheet. DO NOT SUBSTITUTE A RESUME FOR AN APPLICATION.

1. Title of present or recent position _____ From _____ To _____
Employer _____ Phone _____
Address _____
Supervisor's Name _____ Title _____ May we contact? _____
Hours per week _____ Salary (weekly, monthly, annual) _____
Reason for Leaving _____
Duties _____

2. Title of position _____ From _____ To _____
Employer _____ Phone _____
Address _____
Supervisor's Name _____ Title _____ May we contact? _____
Hours per week _____ Salary (weekly, monthly, annually) _____
Reason for Leaving _____
Duties _____

REFERENCES

Give name and address of three people, not relatives, who are familiar with your work.

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>

APPLICANT CERTIFICATION

By signing below, I affirm, agree and/or understand all statements on this form are true and accurate; and any misrepresentation or omission of facts may result in exclusion from further consideration and/or, if hired, termination of employment. If I have requested that my present employer not be contacted, I understand an offer of employment may be contingent upon information and verification of other former employers, prior to beginning work. I understand that I will be subject to drug screening. I understand that a criminal background and/or driving record checks may be conducted. I understand and agree to these terms.

Signature

Date