

**Cullowhee Baptist Church
Employment Application**

Name: _____
Last First Middle

Are you over the age of 18? Yes ___ No ___

Present address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email : _____

Position applied for: _____

Date you are available to start: _____

Qualifications:

Academic achievements: (Schools attended, degrees earned, dates of completion)

Continuing education completed: (Courses take, dates of completion)

Professional organizations: (List any in which you have membership)

First aid training? Yes ___ No ___ Date completed _____

CPR training? Yes ___ No ___ Date completed _____

Previous Work Experience: Please list your previous employers from the past five years.

Employer: _____ Date employed: _____

Address: _____ Phone #: _____

My title: _____ Supervisor: _____

My responsibilities: : _____

Employer: _____ Date employed: _____

Address: _____ Phone #: _____

My title: _____ Supervisor: _____

My responsibilities: _____

Employer: _____ Date employed: _____

Address: _____ Phone #: _____

My title: _____ Supervisor: _____

My responsibilities: _____

Employer: _____ Date employed: _____
Address: _____ Phone #: _____
My title: _____ Supervisor: _____
My responsibilities: _____

Previous Volunteer Experience:

Volunteer organization: _____ Phone #: _____
Address: _____
Dates of service: _____ Supervisor: _____
Duties performed: _____

Volunteer organization: _____ Phone #: _____
Address: _____
Dates of service: _____ Supervisor: _____
Duties performed: _____

Volunteer organization: _____ Phone #: _____
Address: _____
Dates of service: _____ Supervisor: _____
Duties performed: _____

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? No__ Yes__ If yes, please explain: _____

References: Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

1. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Length of time you have known reference: _____
Relationship to reference: _____

2. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Length of time you have known reference: _____
Relationship to reference: _____

3. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Length of time you have known reference: _____
Relationship to reference: _____

Waiver and Consent:

I, _____, hereby certify that the information I have provided on this application for employment is true and correct. I authorize this church to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by Cullowhee Baptist Church, I agree to abide by and be bound by the policies of Cullowhee Baptist Church and to refrain from inappropriate conduct in the performance of my duties on behalf of Cullowhee Baptist Church.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

_____	_____
Signature of Applicant	Date
_____	_____
Witness	Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Cullowhee Baptist Church (“the Company”) may obtain information about you from a consumer reporting agency for purposes of employment, volunteer positions, work performed under contract, retention, or reassignment (hereafter known as your “engagement”). Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Praesidium, 2225 E. Randol Mill Rd., Suite 630, Arlington, TX, 76011, 800-743-6354, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Signature: _____

Date: _____

Print Name: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my engagement, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Praesidium, 2225 E. Randol Mill Rd., Suite 630, Arlington, TX, 76011, 800-743-6354, the Company itself, and/or a related third-party entity only if I am being considered for a direct or temporary engagement with or by them. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

<u>State of Washington applicants and employees only:</u> You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.
<u>Massachusetts and New Jersey applicants and employees only:</u> You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.
<u>New York applicants and employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
<u>Minnesota applicants and employees only:</u> You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>Oklahoma applicants and employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants and employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

Signature: _____ Date: _____

Print Name: _____
First Middle Last

Maiden Name (if applicable): _____

Address: _____
Street City State Zip

Social Security Number: _____ * Date of Birth: _____ *

*This information will be used for background screening purposes only.

Driver's License Number: _____ DL State: _____

Gender: _____

Telephone Number: _____