

BETHEL BAPTIST MINISTRIES
APPLICANT DATA FORM

FOR USE BY HUMAN RESOURCES ONLY
Hiring Supervisor _____
Date Submitted to HR _____

Today's Date: _____

PERSONAL INFORMATION

Name _____
Last First Middle

Street Address _____ City _____

State _____ Zip Code _____ E-mail Address _____

Home Telephone (_____) _____ Cellular Telephone (_____) _____

Are you legally eligible for employment in the United States? Yes No *(Proof will be required if hired.)*

Are you at least 16 years of age? Yes No If No, do you have a work permit? Yes No

Married? Yes No

Have you ever plead guilty or "no contest" to, or been convicted of a misdemeanor or felony, or have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial (excluding minor traffic citations or arrests)? Yes No If Yes, please explain _____

Home Church _____

Address _____ City _____ State _____ Zip Code _____

Pastor's Name _____ Telephone No. (_____) _____

Give a brief testimony of your salvation experience _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Type of employment desires: Full-Time Part-Time Substitute

If hired, on what date can you start work? _____

How did you learn about Bethel Baptist Ministries? _____

Have you applied for employment with Bethel Baptist Ministries before? Yes No If Yes, when _____

Have you worked for Bethel Baptist Ministries in the past? Yes No If Yes, dates employed: _____

Job duties: _____ Reason for leaving: _____

Do you know anyone currently working for Bethel Baptist Ministries? Yes No If Yes, please list names and their relationship: _____

EMPLOYMENT HISTORY

Are you employed now? Yes No If Yes, may we contact your present employer? Yes No

Please provide the requested information below for each of your employers, starting with your present or most recent position up to the past ten years. If necessary, please use additional paper to include any other employment history. You are encouraged to provide a resume in addition to completing the application.

Dates Employed (required) From: _____ To: _____	_____	_____	_____	_____
	<i>Company Name</i>	<i>Phone No.</i>		
	_____	_____	_____	_____
	<i>Address</i>	<i>City</i>	<i>ST</i>	<i>Zip</i>
	_____	_____	_____	
	<i>Position Title</i>	<i>Job Duties</i>		
	_____	_____		
	<i>Name of Supervisor</i>	<i>Reason for leaving</i>		
	_____	_____		
	<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, please explain on the line above.</i>			

Dates Employed (required) From: _____ To: _____	_____	_____	_____	_____
	<i>Company Name</i>	<i>Phone No.</i>		
	_____	_____	_____	_____
	<i>Address</i>	<i>City</i>	<i>ST</i>	<i>Zip</i>
	_____	_____	_____	
	<i>Position Title</i>	<i>Job Duties</i>		
	_____	_____		
	<i>Name of Supervisor</i>	<i>Reason for leaving</i>		
	_____	_____		
	<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, please explain on the line above.</i>			

Dates Employed (required) From: _____ To: _____	_____	_____	_____	_____
	<i>Company Name</i>	<i>Phone No.</i>		
	_____	_____	_____	_____
	<i>Address</i>	<i>City</i>	<i>ST</i>	<i>Zip</i>
	_____	_____	_____	
	<i>Position Title</i>	<i>Job Duties</i>		
	_____	_____		
	<i>Name of Supervisor</i>	<i>Reason for leaving</i>		
	_____	_____		
	<i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, please explain on the line above.</i>			

Do you have an employment or non-compete agreement with your current employer? Yes No

If Yes, please explain: _____

If there have been any gaps in your employment during the last five years, please provide details in the space provided here: _____

Are any of your employment records under another name(s)? (i.e. maiden name versus married name).
 Yes No If Yes, please give the employer name and your name.

Employer _____ Your Name _____

Employer _____ Your Name _____

EDUCATIONAL BACKGROUND

Education	Name & Location City, State	Dates Attended (MO/YR)	Did you Graduate?	Major	Type of Degree, Diploma or Certificate Earned
High School		From _____ To _____	Yes _____ No _____		
College or University		From _____ To _____	Yes _____ No _____		
College or University		From _____ To _____	Yes _____ No _____		
Graduate School		From _____ To _____	Yes _____ No _____		
Trade, Vocational, Internship		From _____ To _____	Yes _____ No _____		

List profession, trade, business, or civic associations and any offices held.

ORGANIZATION(S)	OFFICES HELD

Please indicate any actual experience, special training, or qualifications that you have which you feel are relevant to the position for which you are applying. _____

Are any of your educational records under another name(s)? (i.e. maiden name versus married name).

____ Yes ____ No If Yes, please give the school name and your name.

School _____ Your Name _____

School _____ Your Name _____

TEACHER / AIDE / CHILD CARE EMPLOYMENT INFORMATION

Do you have a valid state teaching certificate? ___ Yes ___ No If Yes, from which state? _____

Do you have a valid A.A.C.S. teaching certificate? ___ Yes ___ No

Do you have a valid teaching certificate from any other organizations? ___ Yes ___ No

If Yes, please list _____

Total years of teaching experience _____

Do you have a preference for teaching in a particular grade (elementary) or subject area (JH or HS)? ___ Yes ___ No

If Yes, provide this information _____

Please provide the following details. Beginning teachers, please list student teaching assignment.

GRADE(S) / SUBJECT(S) TAUGHT	SCHOOL ADDRESS <i>(Including City, ST, Zip)</i>	TELEPHONE	REASON FOR LEAVING

List experience with children, other than teaching: _____

REFERENCES

Please list three people not related to you whom you have known for at least one year and whom we may contact as references. An Applicant Release form is included with this Application. Please sign and return with application.

Name	Relationship	Home Phone Cell Phone	Years Known
Name	Relationship	Home Phone Cell Phone	Years Known
Name	Relationship	Home Phone Cell Phone	Years Known

ACKNOWLEDGMENT

I certify that the information contained in this data sheet or any other documents filled out in connection with my employment, and in any interview are true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that falsification of this data sheet in any detail is grounds for disqualification from further consideration or dismissal from employment in accordance with Bethel Baptist Church (“Bethel”) policy. If employed, I understand this data sheet becomes part of my permanent employment record. Unless otherwise specified by an employment contract, I understand that employment with Bethel is terminable at-will either by myself or Bethel, and that this application does not create a contract for a specific term of employment.

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize this Bethel to (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information; (3) discuss the results of any investigation with other employees of Bethel involved in the hiring process; and (4) check my criminal record. In addition, I give my consent for all contacted persons including former employers and personal references to provide the information concerning this application, and I release each such person from liability for providing information to Bethel.

Applicant's Signature

Date

APPLICANT RELEASE

Please submit this form with the employment application form. PLEASE PRINT.

Name _____
Last First Middle

Street Address _____

State _____ Zip Code _____ Telephone No. (_____) _____

I hereby authorize the employer, its representatives, or agents to contact and obtain information from all references, employers, educational institutions, licensing agencies and various other agencies to verify the accuracy of this employment application, resume, and job interview. I agree to release any references, employers, educational institutions, licensing agencies from liability in regard to the final outcome(s) due to the transmission of reference materials.

Applicant's Signature

Date

Bethel Baptist Ministries
200 N. Roselle Road, Schaumburg, IL 60194

DOCTRINAL STATEMENT

1. We believe the Bible to be the inspired, only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in the persons of the Father, Son and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of the lost and sinful man regeneration by the Holy Spirit is absolutely essential.
5. We believe in the resurrection of both the saved and lost, they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
6. We believe in the spiritual unity of believers in our Lord Jesus Christ.
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.

STANDARDS OF CONDUCT

By signing this form, I am acknowledging the following:

1. “I acknowledge Jesus Christ as my Lord and Savior. With God giving me the strength, I shall endeavor to walk in that holiness and temperance as set forth in the Scriptures which will be an example to the youth.”
2. Agreement with the doctrinal statement of Bethel Baptist Church (as listed above).
3. Agreement to be a member in good standing at Bethel Baptist Church or another church of like faith.
4. Agreement to follow guidelines of the current Employee Handbook and policies of Bethel Baptist Ministries.

Signature

Date