Newington Baptist Church

6169 Main St., Gloucester, VA 23061
804-693-2349

Employment Application

Date of Application: _____

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available: _____

How were you referred to Newington? _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for Newington Baptist? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

Technical/ Trade School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Graduate: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional or personal references who are not family members.

Full Name: _____ Email: _____
Company/
Relationship: _____ Phone: _____

Address: _____

Full Name: _____ Email: _____
Company/
Relationship: _____ Phone: _____

Address: _____

Full Name: _____ Email: _____
Company/
Relationship _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Duties/Special training: _____

Additional Information

Describe any additional information you feel might be helpful to us in considering your application, including any specialized training, apprenticeship, or skills:

_____

_____

_____

_____

_____

Extra-curricular activities, hobbies, interests:

_____

_____

_____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment, as they may be necessary in arriving at an employment decision. I understand and agree to release all parties from liability for any damage that may result from furnishing the same. I understand that a background check will be required before employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of Newington Baptist Church.

I understand and agree that, if hired, my employment is for no definite period, and may, regardless of the date of payment of my wage and salary, be terminated at any time without prior notice.

Signature: _____ Date: _____

26.11 APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

To: _____

_____

_____

Please be advised that I have applied for a position with Newington Baptist Church. I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I authorize the investigation of my past and present health, character, education, military and employment qualifications.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information.

This authorization is valid for _____days from the date of my signature below. Please keep this copy of my release request for your files.

Thank you for your cooperation.

_____ _____ _____ _____

Signature Date Witness Date