

FIRST BAPTIST CHURCH/FIRST CHRISTIAN SCHOOL
South Hill, VA 23970
Church: (434) 447-4763 School: (434) 447-2634
Application for Employment

DATE _____

Personal Information

Name _____
Last First Middle

Street Address _____

Address _____
City State Zip Code

Phone Number _____

Cell Number _____

Date of Birth _____

Social Security Number _____

Education

High School _____

College _____

Other _____

Employment Desired

Position applied for _____

Date you can start _____

Former Employers

Please list below your work experience, starting with your present or last place of employment.

Name and Address	From – To	Position	Reason for leaving
1. _____ _____	_____	_____	_____
2. _____ _____	_____	_____	_____

OTHER JOB RELATED EXPERIENCE:

REFERENCES:

Please give below three persons not related to you.

	Name	Address	Years Acquainted
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do you have any disability which would substantially interfere with your ability to perform the duties of the job for which you have applied: Yes _____ No _____

If YES, describe the disability and explain the work limitation as it pertains to the job for which you have applied.

APPLICANT'S STATEMENT

I understand that any employment by First Christian School will be on a two week probationary period. The above information is complete and true to the best of my knowledge. I also understand that because of the nature of this position a background criminal check will be necessary. I further authorize First Christian School to contact any and/or all of my references for full information.

Signature

Personal Statement of Faith

Please state your religious beliefs and briefly indicate how these affect your day to day living.

Name: _____ Date: _____