Shreveport Baptist Temple Preschool

Employment Application

Personal Information: Please Print				Date:		
Name:			SS	N	-	
(Last)	(First)		liddle)			
Home Address:						
(Stree	t Number)	(Street Name)	(City)	(State)	(Zip code)	
Home Phone:			Cellphone:			
Email Address:						
Driver's License #:			State issued:			
Are you 18 years of a	nge or older? Y	/ N				
Education:						
High school:			Year Graduated:			
College:		Year Grad	uated:	Major:_		
Graduate School:		Year Grad	luated:	Major:		
Other:		Year Grad	uated:	Majo	r:	
Personal Reference List 3 persons who had and experience.		nowledge of your	character, pers	onality, Christian	life training	
Address: Phone #:			Relationship to you:			
Name:				_Occupation:		
Address:Phone #:						
Name:			Occupation:			
Address:				schip to you:		

<u>Spiritual Information:</u> Name of Church Membersh	iip:		
Special Ministries you are in	nvolved in your church:		
Personal Testimony of Salva	ation:		
Employment Information	nn:		
	n current/most recent employer.	May we contact past/p	oresent employers: Y / N
Date Employed (Yr. / Mo.)	Employer	Position	Salary
From:	Name:		
To:			
	Number:		
From:	Name:		
To:			
10.	Number:		
From:	Name:		
To:			
	Number:		
Please Read Carefully:			
ricase nead carerany.			
All Employees:			
	portation and/or a reliable way to a		d.
• • • • • • • • • • • • • • • • • • • •	te in any training programs request erequisites for employment at Shre		eschool
	t Shreveport Baptist Temple Presch		
_	employment, whether of record		
Shreveport Baptist Temple Pr	eschool may at any time seek infor	mation from whatever so	ource which in its discreti

deems relevant to my employment. Accordingly, I hereby authorize the previous employers and references listed in my application, related personnel, or any other source contacted by Shreveport Baptist Temple Preschool to give Shreveport Baptist Temple Preschool any and all information concerning my previous employment, or any other information they may have, personal or otherwise. I hereby release Shreveport Baptist Temple Preschool, any previous employers, related personnel, and any other persons or entities whatsoever involved in such an investigation or inquiry

5. I hereby certify that all the facts set forth in this employment application are true to the best of my knowledge, and I agree and understand that any misrepresentation of information or failure to disclose information during the employment application process may disqualify me from further consideration for employment, and if employed, may subject me to dismissal. I understand that in connection with my application, there will be an inquiry into my

Applicant Signature: ______ Date Signed: _____

from all liability of any kind, including any damages on account of the furnishing of such information.

background. The results of this examination may affect my employment.

AUTHORIZATION AND RELEASE FOR CRIMINAL AND CIVIL RECORDS CHECK

I hereby request the	hereby release said Police Department from any
Signature	
Printed Name	
Print Maiden Name (if applicable)	
Print all Aliases	
Current Address	
Date of Birth	
Place of Birth	
Social Security Number	