APPLICATION FOR EMPLOYMENT							Date of Application		
GREAT	TER SHADY GR	OVE MISSION	ARY B	APTIST	CHURCH				
Social Security No.			Last Name		First 1		Name	Middle Name	
Address (Street number and name)					City Sta			State	
	County Zip Phone (home				ere you can be reached) Business Phone			s Phone	
	blood or marriage to any p me and relationship to you.	erson now working for G	SGMBC?		Yes 1	No	If subject to Military S registration, certify condotted line below.		
Military Servi									
	ved honorably in the Armed clare a service-connected di		es on activ		sons other than trai	ining?	Yes No	1	
At the time of this Do you wish to de	application, are you the sur clare eligibility for veterans (or spouse's) qualifying ac	viving spouse or depender 'preference as the spouse	nt of a dec	eased veteran	who died from serv	vice-re	elated reasons?	es 🗌 No	
Entered	Sep	arated	Jo	Branch			Rank		
	of work you will accept:	1. Permanent full-time	<u> </u>	Permanent par	rt-time 3. T	empo	rary full-time 4.	Геmporary part-ti	
	lable for work now, enter th	5. Any of the preceding	g □ 6.	Work involvir	ng travel 7. S	hift or	Split Shift work		
Jobs Applied Enter below the sp	For pecific title(s) of the job(s) for	or which you are applying	. Please li	st no more th	an three on this app	plicati	on. sired Salary: \$		
Referral Sour	ce								
If you were referre	ur referral source:ed by the Employment Secu	rity Commission (Job Ser	vice) pleas	e indicate whi	ch local office:				
	de completed: 1 2 3 st the hours of credit receive				College 1 2	3 4	Graduate School	1 2 3 4	
Schools	Name & Location		ttended	Grad?	S/Q Hours	1	Major/Minor Course Wor	Type k Degr Receiv	ree
High School				☐ Yes ☐ No					
College(s) University (s)				Yes					
Graduate or				Yes					
Professional Other education,				☐ No ☐ Yes					
vocational, etc. Special training pr	ograms and seminars you h	ave completed in the last	five years	list):					
Special daming pr	ogramo and semmas you n	ave completed in the tast	iive years	(1151).					
If the job(s) applie	ed for calls for specific cours	ses, indicate those courses	taken and	credits receiv	ed.				
Current profession	al status: (List fields of wo	rk for which you have be	en register	red)					
		- -	-						
Membership in pro	ofessional, honorary, or tech	nnical societies (list):			DO N	OT	COMPLETE THI	S BLOCK	
					DEGREES AND Have be	D PR	OFESSIONAL CREDE		
					Person Responsi	ible:	a within 50 days)		

Name (Firs	st, MI, Last)			Social Security No.	Date		
WORK H	IISTORV						
(Start with	your present position and go back	for 10 years or to your 16 th birthday, w	hichever is	s later. You may include volunteer	work. Account for periods of		
		nclude military service. Use blank shee					
May GSGN opportuniti		bout your character, qualifications, and \int No	employme	nt record? A "No" will not affect y	your consideration for employment		
оррогини	Dates of Employment (Month &		Grade if	postal, federal service or military	Starting Salary/Earnings		
1	From	To		F	\$ per		
1.							
	Exact Position Title Average hours per w		Number	and kind of employees supervised	Present Salary/Earnings		
Name of E	mployer, complete mailing address	ss & telephone no.	Kind of 1	Business (manufacturing, etc.)	Name and title of supervisor		
				8,	- Indiana and a safetiment		
Reason for	leaving						
	n of duties, responsibilities and ac	complishments					
	-	-					
	Dates of Employment (Month &	k Year)	Grade if	postal, federal service or military	Starting Salary/Earnings		
2.	From To				\$ per		
	Exact Position Title Average hours per week			and kind of employees supervised	Present Salary/Earnings		
Nome of E	mployer, complete mailing address	es la talambana na	Vind of 1	Dusings (manufacturing ata)	\$ per Name and title of supervisor		
Name of E	imployer, complete maining address	ss & telephone no.	Killa of I	Business (manufacturing, etc.)	Name and title of supervisor		
Danson for	Lagring						
Reason for Description	n of duties, responsibilities and ac	complishments					
Description	ir or duries, responsibilities and de	comprisiments					
	Dates of Employment (Month &	3 Year)	Grade if	postal, federal service or military	Starting Salary/Earnings		
2				postar, rederar service or minutary	\$ per		
3.	From To Exact Position Title Average hours per week			and kind of employees supervised	Present Salary/Earnings		
Exact Fosition Title Average		riverage nours per week	rumber	and kind of employees supervised	\$ per		
Name of E	mployer, complete mailing address	ss & telephone no.	Kind of l	Business (manufacturing, etc.)	Name and title of supervisor		
Reason for	leaving		l .		-		
Description	n of duties, responsibilities and ac	complishments					
REFER	ENCES Give a minimum of th	ree references, not relatives or former emplo	yers, who kn	ow you professionally, through Commun	ity involvement or personally.		
	Name	Address		Telephone	Occupation		
					†		
					<u> </u>		
AFFIDA	AVIT:						
		s are true and correct without any consequent					
		lication form or during any interviews may be supply employment history, character, criminal re					
information	they wish as a result of this investigat	ion. In addition, I hereby waive my right to	bring any c	ause of action against these individuals	for defamation, invasion of privacy or any		
		that, if I am employed, I will abide by the ru f continued employment and refusal to take					
nobody in the	he church is authorized to enter into	any written or verbal employment contract	s with me f	or any definite period of time without	the express written consent of the church		
Administrato	or. I also understand that my employm	ent is "at will" and may be terminated by my	self or by the	e church at any time for any reason or no	reason at all, with or without prior notice.		

Date: ___

Applicant Signature: ___

NOTICE TO JOB APPLICANTS

The information requested below is necessary to complete the employment application process. This information will be used for the sole purpose of verification of information, and/or statements made by you. *Please complete the information requested below*.

Applicant Legal Nan				ilica to a copy t	First	M.I.	M.I.		
	Please provide any other names Last				First			M.I.	
used for p school dif	rior employment or ferent from above								
Current H Address	Home Street				City	State	Zip Code		
	ate of Birth: Month/Day/Year)			Soc	cial Security Number	I			
Name as it appears on Driver's License			Dr	iver's License Number		State			
		RESIDENT	IAL HISTORY:	List all resi	dential addresses i	n the last 7 years			
Address			City		State	Zip Code	From	То	
Address			City		State	Zip Code	From	То	
Address			City		State	Zip Code	From	То	
			EDUCATION H	ISTORV. I	ist all schools atten	adad			
Name of C	College, University or T	Trade School	EDUCATION II	ISTORI. L	nsi un schoots unch		ates Attended		
City/State				Tol	anhana	From Degree Earned	То		
City/State	Lity/State		16.	Telephone					
Major				Mi	nor		or Incomplete		
Name of C	College, University or	Trade School				<u>D</u> i	ates Attended		
City/State				Tel	lephone	From Degree Earned	From To Degree Earned		
,					r		or Incomplete		
Major				Mi	nor		01	<u> </u>	
D. A. COTTA		T DED TO	TOWERD PROGRE		TOT OTTER				
			ION FOR PROSI at with Greater Shady G			MBC") I hereby agree as fol	lows:		
1.	General Consent to	Background Inv	estigation			GSGMBC to investigate my		amployment	
						n of all information on my e			
2.	Consent to Contact I specifically give per		ABC to contact all of m	ny prior employe	ers for references. I furth	er give permission to all cur	rent or previou	ıs emplovers	
	and/or managers or su	pervisors to disc	uss my relevant person	al and employm	ent history with GSGMI	BC, consent to the release of	such informat	tion orally or	
	in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of GSGMBC. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former								
_	employers to GSGMI	BC. I further agre	ee to indemnify all past			ur because of their reliance			
3.	concerning or relative	ion to the GSGM to me. I further	BC to receive a copy of consent to the release	of such informa	tion and waive any right	any federal, state, or local c	fication of the	request for a	
4.	agent for the receipt of Cooperation with In	f information. I vestigation	understand that the scop	pe of this investi	gation will be limited as	cess to information, I hereby required by applicable law.		·	
						that may be necessary to co on with respect to my applic			
Applicant	Signature				г	Date:			
4 applicant	Digitature.					Zuic			