

Application for employment  
Subbing and Saints Camp

First Baptist Academy

Thank you for your interest in and application for employment with First Baptist Academy subbing and Saints Camp. Please fill out the following information. Once the application is completed you will be emailed a link to our background check, please follow the link and submit your background check. As an educational institution, the Academy requires that every employee manifests by precept and example the highest Christian virtue and personal decorum, serving as a role model to students both in and out of school and as an example to parents and fellow staff members in judgement, respect and Christian living.

GENERAL INFORMATION: (Please print legibly with ink )

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

SOCIAL SECURITY NUMBER:

HOME ADDRESS: (Street, P.O. Box, Apt. #)

CITY, TOWN,

STATE:

ZIP CODE:

PHONE NUMBER:

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? (check) YES NO

Email:

HAVE YOU EVER BEEN CONVICTED OF A SERIOUS MISDEMEANOR OR FELONY CRIME? YES NO IF YES, WHAT AND W HERE?

EMPLOYMENT DESIRED: please write why you would like to work in our Afterschool Saints Program:

EDUCATION: (High School, College, Trade Schools, and Other Education)

HIGHEST LEVEL OF EDUCATION ATTAINED:

MAJOR FIELD OF STUDY:

LAST YEAR COMPLETED:

DID YOU GRADUATE? YES NO

SCHOOL NAME:

SCHOOL ADDRESS: (Street, P.O. Box)

City or Town

State

Zip Code

OTHER EDUCATION ATTAINED:

MAJOR FIELD OF STUDY:

LAST YEAR COMPLETED:

DID YOU GRADUATE? YES NO

SCHOOL NAME:

SCHOOL ADDRESS: (Street, P.O. Box)

City or Town

State

Zip Code

EMPLOYMENT HISTORY: (List Most Recent First, Then Back. Include Any Military Service)

1. EMPLOYER NAME:

DATES OF EMPLOYMENT:

JOB TITLE:

FROM:

TO:

EMPLOYER ADDRESS: (Street, P.O. Box)

City, Town

State

Zip Code

PHONE NUMBER:

STARTING COMPENSATION:

ENDING COMPENSATION:

SUPERVISOR'S NAME:

REASON FOR LEAVING:

2. EMPLOYER NAME:

DATES OF EMPLOYMENT:  
FROM:\_\_\_\_TO: \_\_\_\_\_

JOB TITLE:

EMPLOYER ADDRESS: (Street, P.O. Box)

City, Town

State

Zip Code

PHONE NUMBER:

STARTING COMPENSATION:

ENDING COMPENSATION:

SUPERVISOR'S NAME:

REASON FOR LEAVING:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

3. EMPLOYER NAME:

DATES OF EMPLOYMENT:  
FROM:\_\_\_\_TO: \_\_\_\_\_

JOB TITLE:

EMPLOYER ADDRESS: (Street, P.O. Box)

City, Town

State

Zip Code

PHONE NUMBER:

STARTING COMPENSATION:

ENDING COMPENSATION:

SUPERVISOR'S NAME:

REASON FOR LEAVING:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

4. EMPLOYER NAME:

DATES OF EMPLOYMENT:  
FROM:\_\_\_\_TO: \_\_\_\_\_

JOB TITLE:

EMPLOYER ADDRESS: (Street, P.O. Box)

City, Town

State

Zip Code

PHONE NUMBER:

STARTING COMPENSATION:

ENDING COMPENSATION:

SUPERVISOR'S NAME:

REASON FOR LEAVING:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

REFERENCES: (List Two Employment References (Persons) Not Related To You, Whom You Have Known For At Least One Year and One personal reference)

1.

NAME

ADDRESS

PHONE

YEARS ACQUAINTED

2.

NAME

ADDRESS

PHONE

YEARS ACQUAINTED

3.

NAME

ADDRESS

PHONE

YEARS ACQUAINTED