Employment Application

Fourth Baptist Christian School

900 Forestview Lane N Plymouth, MN 55441-5934 Ph 763-417-8240 Fax 763-417-8242



Name & Address:			
Name, First:	Middle:	Last: _	
Street Address:			
City:	9	State:	_ Zip:
Gender:	Date of Birth:	Place o	f Birth:
Tel #	Email:		
Social Security #:			
Position Desired:			
Present Marital Status: Single	Married Divorced*	Divorced & Remarried*	Separated* Widow/Widowe
(circle one. If an * status	s is selected, a letter of ex	xplanation must accompa	any this application).
What do you consider to be the	single most important ev	ent in your life?	
What do you consider to be the	second most important	event in your life?	

References:

Please list three references: your pastor, a recent supervisor/principal/supervising teacher, and one other person who is well acquainted with you, not including former teachers or family members.

Pastor:						
Name:		Chu	urch:			
Mailing Address:						
Email:		Pho	one:			
Supervisor:						
Name:		Chu	urch:			
Mailing Address:						
Email:		Pho	one:			
Other:						
Name:		Chu	_ Church:			
Mailing Address:						
Email:	nail:			Phone:		
Transcripts: If applying for a teach Certification areas:	ning position,	olease send an offic	ial transcripts fr	om all schools noted below.		
Teaching Experience: Full-time year	ars:		Part-time ye	ars:		
Education:						
Schools attended: include all post	-secondary tro	aining				
School	Degree	Date conferred	Major	Minor		

Experience: Indicate ALL positions held during the last five years or more and any other experience which you have. List the most recent first and use additional paper if necessary.

Employer:	
Mailing Address:	
	Ending date:
Responsibilities:	
Employer:	
Mailing Address:	
	Ending date:
Responsibilities:	
Employer:	
	Ending date:
Salvation Testimony: Please briefly describe your s	alvation experience and your call to Christian work.

Church Membership:	
What church are you currently a member of:	
Pastor's name:	
Full-time teachers are required to be members of Fourth Baptist Church. W	ould you have difficulty with that
requirement?	
I authorize you to make such investigations and inquiries of my personal en	nployment, medical history, and/or
other related matters as may be necessary in arriving at an employment de	cision. I hereby release employers,
schools, or persons I have named in this application from all liabilities in res	sponding to inquiries in connection with
this application for employment.	
Signature	Date