



Application For Employment

Dear Applicant:

Thank you for considering a position with Mt. Zion First African Baptist Church.

Please fill out the entire application. Providing complete and accurate information on your education, work experience, and skills will help identify whether you are a qualified candidate for the position.

Instructions:

1. Submit a separate application for each job opening. Applications are accepted only for open positions.
2. Type or print legibly (except signature) all information in ink.
3. Include the job title.
4. Answer all questions. If a question is not applicable, enter "N/A". An incomplete application may delay action or disqualify you.
5. All information you provide is subject to verification.
6. Applicants may be tested for illegal drugs.
7. Return all required materials indicated on the job announcement (if any), including your resume.
8. Date and sign the application. If not signed, the application will not be complete. (Note: If submitting the application electronically, a typed name will substitute for a written signature.)
9. Send your completed application packet to the address listed below, attention Trustee Servant Leader. Applications sent to the wrong address may not be processed.
10. Your application must be received by the date and time indicated on the job announcement (if any).
11. Applications and supporting material will not be returned.
12. Allow a minimum of four to six weeks after the announced closing date for a reply to your application. If you have a question about the job, contact the Trustee Servant Leader.

Mt. Zion First African Baptist Church
c/o Trustee Servant Leader
105 Lankford Avenue
Charlottesville, VA 22902
Telephone: (434) 293-3212
Fax: (434) 293-3654
www.mtzionfabc.com

EMPLOYMENT APPLICATION

Name: _____ Position Applied For _____

 Last First Middle

Are You Over the Age of 18? Yes No SS No.: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail: _____

Date You are Available to Start: _____

Qualifications: Summarize other employment related to this job: _____

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention: _____

Academic achievements (schools attended, degrees earned, dates of completion): _____

Continuing education completed (courses taken, dates of completion): _____

Professional organizations (list any in which you have membership): _____

Professional licenses, certifications or registrations: _____

Skills: List computer abilities, other electronic or mechanical equipment that you are qualified to operate or repair (typing speed: ____ WPM): _____

First-aid training? Yes No Date completed: _____
CPR training? Yes No Date completed: _____

Previous Work Experience: Please list your previous employers from the past five years, starting with your most recent employer. Include a description of position duties and responsibilities. Attach additional sheets if necessary. May we contact your present employer: Yes No

1. From (MM/YY) to (MM/YY) _____
Employer's Name and Address: _____
Type of Business: _____ Job title: _____
Supervisor's Name and Phone No.: _____
Hours Per Week: _____ Last Salary: _____ No. of Employees Supervised: _____
Reason for Leaving: _____
Duties: _____

2. From (MM/YY) to (MM/YY) _____
Employer's Name and Address: _____
Type of Business: _____ Job title: _____
Supervisor's Name and Phone No.: _____
Hours Per Week: _____ Last Salary: _____ No. of Employees Supervised: _____
Reason for Leaving: _____
Duties: _____

3. From (MM/YY) to (MM/YY) _____
Employer's Name and Address: _____
Type of Business: _____ Job title: _____
Supervisor's Name and Phone No.: _____
Hours Per Week: _____ Last Salary: _____ No. of Employees Supervised: _____
Reason for Leaving: _____
Duties: _____

Previous Volunteer Experience/Additional Information: Please list any relevant volunteer positions you have held, and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service; OR use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? No Yes

If yes, please explain:

In Case of Accident or Illness Please Contact: Name: _____
Relationship: _____
Address: _____
Day Time Phone No.: _____ Evening Phone: _____

References: Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

Name: _____ Relationship: _____
Address: _____
Day Time Phone No.: _____ Evening Phone: _____
Email: _____

Name: _____ Relationship: _____
Address: _____
Day Time Phone No.: _____ Evening Phone: _____
Email: _____

Name: _____ Relationship: _____
Address: _____
Day Time Phone No.: _____ Evening Phone: _____
Email: _____

Waiver and Consent:

I, _____, hereby certify that the information I have provided on this application for employment is true and correct. I authorize Mt. Zion First African Baptist Church (the "Church") to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by the Church, I agree to abide by and be bound by the policies of the Church and to refrain from inappropriate conduct in the performance of my duties on behalf of the Church. I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Trustee Servant Leader (or Pastor) of the Church that such employment with the Church is at will, for no specified duration and may be terminated by either the Trustee Servant Leader (or Pastor) of the Church or myself at any time, with or without cause or notice.

I understand that none of the documents, policies, procedures, actions, statements of the Church or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of except the Trustee Servant Leader (or Pastor) has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Trustee Servant Leader (or Pastor) of the Church.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of Applicant

Date

Witness

Date

EMPLOYER SECTION: