

FORMER EMPLOYERS: List your last four employers, starting with present or most recent.

Date	Employer	Pay Rate	Job Title & Work Performed	Reason for Leaving
From Month/Year	Company			
	Supervisor			
To Month/Year	City State			
	Phone #			
From Month/Year	Company			
	Supervisor			
To Month/Year	City State			
	Phone #			
From Month/Year	Company			
	Supervisor			
To Month/Year	City State			
	Phone #			
From Month/Year	Company			
	Supervisor			
To Month/Year	City State			
	Phone #			

List below any other information or remarks that you feel should be considered as a part of your application for employment.

PERSONAL REFERENCES (Do not include relatives)

•	_____	_____	_____	_____
	(Name)	(Address)	(City, State, Zip)	(Phone #)
•	_____	_____	_____	_____
	(Name)	(Address)	(City, State, Zip)	(Phone #)
••	_____	_____	_____	_____
	(Name)	(Address)	(City, State, Zip)	(Phone #)

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Florida Baptist Convention permission to contact schools, previous employers, references, and others, and hereby release the Florida Baptist Convention from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations, or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice. I also understand that my employment with the Florida Baptist Convention is for no specific term and may be terminated by me or the Florida Baptist Convention with or without notice or cause at any time. This application will remain active for six months. Any applicant wishing to be considered for employment beyond six months should reapply.

Signature of Applicant _____ Date _____