



Summit Baptist Christian Academy
 4310 Moon Station Lane
 Acworth, GA 30101
 (770) 975-4595

INSTRUCTIONS: Please print in black ink or type.
 Complete all information.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Minimum Acceptable Pay Rate: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Check any that apply: 21 or Older Christian Church Member

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

If not a High School Graduate, do you have a GED certificate? YES NO

Are you presently attending school? Yes No If yes, School Name and Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

General Work Information

License or Certification? Yes No If yes: Type: _____ ID No. _____

Issue Date: _____ Issued By: _____ Expires: _____

Other Experience with Children:

Have you ever been fired or otherwise asked to leave a job? Yes No If yes, please explain:

Foreign Languages you can use **fluently** Yes No Language: _____

Were you previously employed by SBCA? Yes No Dates: _____ Position: _____
Reason for leaving: _____

List any relatives or in-laws employed by SBCA (Name and Relation) _____

How many work days other than planned vacation days have you missed in the past two years:

- Less than five days One to three weeks More than three weeks

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____