



Friendship Baptist Church
17145 Bastanchury Road
Yorba Linda, CA 92886
Phone (714) 528-0990 Fax (714) 528-4840
Website: <http://www.wearefriendship.church>

Application for Employment

Friendship Baptist Church is a religious non-profit corporation and will consider applications for all positions without regard to race, color, sex, national origin, age or any other characteristic protected by applicable state or federal civil rights law. However, Friendship Baptist Church reserves the right to make faith-based hiring decisions as permitted under Title VII (42 U.S.C. Section 2000e — 1(a))

Instructions: Complete all sections, which pertain to you. If you have a resume/curriculum-vitae, please include with your application. Do not include a resume/curriculum-vitae as a substitute for completing the application. Type and date the application. By typing your name in the application, you authorize Friendship to verify the information contained in the application.

PLEASE PRINT YOUR RESPONSE BELOW

Date: _____

Name: _____
(Last) (First) (Middle)

Current Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Are you at least 18 years old? ____

Position for which you are applying: _____ **Date Available:** _____

Thank you for considering Friendship Baptist Church as an employer. To ensure that we make a hiring decision that is right for you, and for us we use a number of different selection tools before a decision is made. As you are being considered for a position, you may encounter some or all of the following selection tools.

- **Employment Application:** Each applicant must complete and submit this form to be considered for any position.
- **Employment Interviews:** Several In-person, telephone, or virtual Interviews may be conducted with you in order to provide Friendship more detailed Information regarding your qualifications.
- **Reference/Records Checks:** Friendship may request background checks per the Federal Fair Credit Reporting Act (15 U.S.C. Subsection 1681 et seq.)
- **Physical and Medical Examination:** Some positions at Friendship may require the applicant to take a physical and medical examination.
- **Security:** Per Friendship Protection of Children guidelines, applicants may be asked child-protection-related questions with reference to your past Work experience.

Employment Information

Type of work desired:

☐ Full-Time ☐ Part-Time ☐ Internship ☐ Temporary ☐ Volunteer

How did you learn of this position? _____

Why are you applying for work with Friendship? _____

Have you ever been employed by Friendship? Yes No if yes, where _____ From: _____ To: _____

Overseas Experience (include country and dates of service): _____

If you have a minimum salary requirement, please state the amount \$ _____. Are you available to travel overseas? _____

Education and Training

Select highest grade completed: Select One Other:

List schools attended beginning with high school. Include technical schools and other special training.

Level of School	Name of School	City/State/Country	Coursework Major/Minor	Graduated? Yes/No	Degree or Certificate
High School/Secondary					
College/ University					
Other					

Technical Skills

For each item, please indicate a number [1, 2, or 3] that corresponds to your level of proficiency:

(1) Very Proficient

(2) Somewhat Proficient

(3) Limited Proficiency

_____ PowerPoint
_____ Google Mail
_____ Internet

_____ Microsoft Suits
_____ Word
_____ Outlook

_____ Adobe
_____ Excel
_____ Publisher

_____ Social Media
Other _____

Language Ability (Optional) Friendship appreciates any additional international experience you desire to provide.

Please rate yourself according to the definitions listed below:

0 — Unable to function in the spoken language

1— Satisfies limited work requirements and social demands

2 —Fluent and accurate on all levels

English* _____ French _____ Spanish* _____ Portuguese _____ Other _____

Employment History

Please provide enough information to allow for review and evaluation of your work experience and abilities. Beginning with the most recent, list your last 10 years of work history including any voluntary assignments. If additional space is needed, please attach a separate sheet of paper.

"You must complete this section in its entirety, even if you include resume I curriculum-vitae"

Name and address of Employer (1)	Date Employed Month/Year	Base Salary (U.S. Dollars)	Other Compensation (Overtime, Commission, etc.)
	From:	Start: /Mo.	
	To:	Ending: /Mo.	
	Business Phone:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Position(s) Held (Title):

Describe your duties:

Supervisor's Name/Title:

Phone Number:

Reason for Leaving:

Name and address of Employer (2)	Date Employed Month/Year	Base Salary (U.S. Dollars)	Other Compensation (Overtime, Commission, etc.)
	From:	Start: /Mo.	
	To:	Ending: /Mo.	
	Business Phone:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Position(s) Held (Title):

Describe your duties:

Supervisor's Name/Title:

Phone Number:

Reason for Leaving:

Name and address of Employer (3)	Date Employed Month/Year	Base Salary (U.S. Dollars)	Other Compensation Overtime, Commission, etc.
	From:	Start: /Mo.	
	To:	Ending: /Mo.	
	Business Phone:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Position(s) Held (Title):

Describe your duties:

Supervisor's Name/Title:

Phone Number:

Reason for Leaving:

If additional space is needed, please attach a separate sheet of paper.

Applicant History

Are you able to perform, with or without an accommodation, the essential functions of the position for which you are applying?

☐ YES ☐ NO

In compliance with the Americans with Disabilities Act, applicants are invited to request any needed accommodation to participate in the application process

References

Please provide three references we may contact who know you and your capabilities: (1) Employer, 2 Professional Personal and 3 Church Minister or Group leader.

Reference	Name	Organization	Years Known	Home or Business Address	Home or Business Phone
Employer					
Professional/Personal					
Church Minister of Group Leader					

PLEASE READ CAREFULLY AND SIGN BELOW:

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. Any misrepresentation or omission of any facts in my application, resume/curriculum-vitae or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, can result in termination. I expressly consent to any discussions regarding the foregoing by any person contacted and I knowingly and voluntarily waive all rights to bring any action for defamation, invasion of privacy or similar cause of action against any person or agency which provide such information.

Applicant's Signature: _____ Date: _____

Personal Statements (optional)

Friendship Baptist Church is an organization with Christian principals. Therefore, Friendship Baptist Church appreciates if you take a moment to answer the following questions. *Thank you for sharing your thoughts with us.*

Are you presently attending a church? ☐ YES ☐ NO

If yes, what is the name, address, and phone number of the church?

Name_____

Address_____ City_____ State_____ Zip_____

Phone () _____

What is your minister/pastor's name? _____

What is your involvement in your church?

Please provide a personal statement describing your relationship with Jesus Christ

Pre-Employment Agreement

Please read carefully and type your name below

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume/curriculum-vitae or any other materials, or during any interviews, can be justification of refusal of employment, or if employed termination from employment.
2. I understand that any employment offer I may receive from Friendship Baptist Church is contingent upon my successful completion of organization's pre-employment screening process, including the organization receipt of references and background check that it considers satisfactory, and completion of any post offer pre-employment medical examination that the organization may require. I hereby consent and authorize to having the results of any post offer pre-employment or post-employment medical exams I may be required to take disclosed to Friendship Baptist Church.
3. In processing my application for employment, I hereby consent and authorize Friendship Baptist Church to contact anyone it deems appropriate to Investigate or verify any Information I have provided or to discuss my background, past performance, or suitability for employment. I expressly consent to any discussions regarding the foregoing by any person contacted and I knowingly and voluntarily waive all rights to bring any action for defamation, Invasion of privacy or similar cause of action against anyone providing such information. The organization may verify all the information provided by me, and may procure or have prepared a consumer or an investigative consumer report for the purposes of confirming my identification, and my criminal background related to child protection issues. According to the Federal Fair Credit reporting Act, you have the right to receive a copy of your background check consumer report free of charge should one be requested for employment reasons. I understand that my employment is conditioned upon successfully passing a post-offer medical examination, if applicable, and a satisfactory background and records checks and that misrepresentation or omission of the facts will be cause for dismissal from Friendship Baptist Church's service if I shall have been employed.
4. I authorize and request that all of my present and former employers and those Individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of Friendship Baptist Church and understand that my employment and compensation is "AT-WILL" which means that either I or Friendship Baptist Church can terminate the employment relationship at any time, with or without cause or notice, at the option of either the company or myself.
6. This Pre-Employment Agreement will be enforceable through the application process, my employment, and thereafter with respect to any such claims arising from or relating to my application or candidacy for employment or employment with Friendship Baptist Church.

I have read this Agreement and understand.

Applicant's signature: _____ Date: _____