

13. Give names and addresses of 3 persons who are familiar with your qualifications, and whom we may contact.

| | | | |
|------|---------|------|-------|
| Name | Address | City | Phone |
| Name | Address | City | Phone |
| Name | Address | City | Phone |

14. Employment History: List your work record for the past 10 years. Begin with your most recent experience and include volunteer and US Military Service. Describe the work you performed as completely as possible within the space provided. Please explain any gaps in employment. **A resume will not be accepted as a substitute for the information required in this section.** You may provide additional sheets, if necessary.

| | | | |
|---------------------------------------|--------|------------|--------------------|
| Dates Employed From _____ To _____ | | Employer | Address |
| Hours Weekly | Salary | Your Title | Reason for Leaving |
| Supervisor | | Duties | |
| Employers Phone Number | | | |

| | | | |
|---------------------------------------|--------|------------|--------------------|
| Dates Employed From _____ To _____ | | Employer | Address |
| Hours Weekly | Salary | Your Title | Reason for Leaving |
| Supervisor | | Duties | |
| Employers Phone Number | | | |

| | | | |
|---------------------------------------|--------|------------|--------------------|
| Dates Employed From _____ To _____ | | Employer | Address |
| Hours Weekly | Salary | Your Title | Reason for Leaving |
| Supervisor | | Duties | |
| Employers Phone Number | | | |

15. Were you ever discharged or forced to resign from any position? Yes No If yes, explain _____

16. Inquiries may be made of your former employers or last school attended regarding your performance. May we contact your present employer? Yes No

17. **APPLICANT'S STATEMENT:** I certify that all statements made in this application are true, and I agree and understand that any misrepresentation or deliberate omission of a material fact herein may be justification for termination or refusal of employment. I authorize Cornelia Avenue Southern Baptist Church to release information as necessary to verify statements made in this application and/or accompanying materials. I also authorize the employers, schools, or persons named above to give any additional information regarding my qualifications and character. If offered a position, I further agree to a job-related medical examination (select positions) which will be treated confidentially by an authorized physician, background investigation, and/or finger printing, as a condition of employment. I further agree to furnish proof of citizenship or legal right to work in the United States of America. If I am employed by Cornelia Avenue Southern Baptist Church, I understand that the church may elect to provide compensatory time off in lieu of cash for premium overtime compensation, at the discretion of the Supervising Pastor.

Signature _____

Date _____

EMPLOYMENT QUESTIONNAIRE

APPLICANT: Please complete both parts of this form and submit it with your application. The completed form is confidential and will be separated from your application. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our Equal Opportunity policy and recruitment efforts. This information will not be used for employment discussions.

Please indicate gender Male Female

Please indicate the racial /ethnic category which you most closely identify with below (please **check only one category**).

- WHITE** (Not of Hispanic origin.): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK** (Not of Hispanic origin.): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** : All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- ASIAN /PACIFIC ISLANDER** :All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa.
- AMERICAN INDIAN /ALASKAN NATIVE** :All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Please identify the tribe which you are affiliated with _____
- OTHER /BI-RACIAL**: Persons who do not identify with any of the above categories or who have mixed or unknown racial /ethnic origins.

Title of position applying for _____