



# THE BAPTIST CHILDREN'S VILLAGE

P.O. Box 27, Clinton, MS 39060  
 Office: 601-922-2242 Fax: 601-922-0367  
 www.baptistchildrensvillage.com

## Employment Application

Date: \_\_\_\_\_

*(Please check campus location preference below)*

- Brookhaven   
  Coldwater   
  Columbia   
  Emergency Care (Jackson)   
  No Preference  
 Louisville   
  Star   
  Water Valley   
  Waynesboro   
  Wiggins   
  Administration (Jackson)

Instructions: Complete all pages in ink and print clearly. Please note "not applicable or N/A" if not answering the question. If you and your spouse are applying for a Houseparent position, each applicant needs to complete a separate application.

APPLICANT INFORMATION				
Last Name		First Name		Middle Name
Street Address				Apartment/Unit #
City		State	Zip	
Contact Phone				
Date Available to start Work		Social Security No.		Email Address
Position Applied for:	<input type="checkbox"/> Administrative <input type="checkbox"/> Case Manager/counselor <input type="checkbox"/> Houseparent <input type="checkbox"/> Other _____			
Are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you 18 years or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Marital Status(S-Single, M-Married, W-Widowed, D-Divorced)		_____		
Number of dependents living within the home:		_____		
Have you ever worked for The BCV?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Are you related to anyone now associated or formerly associated with The BCV?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been convicted of a misdemeanor or felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Can you travel if the job requires it?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	License# and issuing state:
Have you been denied issuance of a driver's license or ever had it suspended?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
During the past five years, have you received a traffic ticket?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

RELIGIOUS	
Denominational preference:	Name of church you attend:
Church Address:	Church phone (_____) _____
Are you a member of this church? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you active in this church? YES <input type="checkbox"/> NO <input type="checkbox"/> No. of years attended _____	

Pastor or pastoral staff member in this church who knows you \_\_\_\_\_

Do you lead a Christian lifestyle and abstain from alcohol, tobacco and illegal drugs? YES  NO

**HAVE YOU LIVED OUTSIDE THE STATE OF MISSISSIPPI IN THE PAST FIVE YEARS? YES  NO**

If yes, please list complete addresses and date of residency below. If needed use back of this page.

**EDUCATION**

<b>High School</b>	Location
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>College Associates/Undergraduate</b>	Location
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: GPA:
<b>College Graduate/Professional/Technical</b>	Location
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: GPA:

**PROFESSIONAL AND PERSONAL REFERENCES**

**Please list at least three professional references (non-relative) and one former employer. Current, complete addresses and phone numbers are needed to process application. Incomplete or invalid information will cause a delay in the hiring process.**

<b>1. Name</b>	Relationship <b>FORMER EMPLOYER</b>
Company	Phone ( )
Address/ City/ST/ZIP	How long have you have known this reference? _____
<b>2. Name</b>	Relationship
Company	Phone ( )
Address City/ST/ZIP	How long have you have known this reference? _____
<b>3. Name</b>	Relationship
Company	Phone ( )
Address City/ST/ZIP	How long have you have known this reference? _____
<b>4. Name</b>	Relationship
Company	Phone ( )
Address City/ST/ZIP	How long have you have known this reference? _____
<b>5. Name</b>	Relationship
Company	Phone ( )
Address City/ST/ZIP	How long have you have known this reference? _____

<b>6.Name</b>	Relationship
Company	Phone ( )
Address City/ST/ZIP	How long have you have known this reference? _____

<b>MOST RECENT/CURRENT EMPLOYER (ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER?) YES ___ NO ___</b>			
Company		Phone ( )	
Address City/ST/ZIP		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, please explain:

<b>2<sup>ND</sup> MOST RECENT EMPLOYER</b>			
Company		Phone ( )	
Address City/ST/ZIP		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, please explain:

<b>3<sup>RD</sup> MOST RECENT EMPLOYER</b>			
Company		Phone ( )	
Address City/ST/ZIP		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, please explain:

**4<sup>TH</sup> MOST RECENT EMPLOYER**

Company		Phone (    )	
Address City/ST/ZIP		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact this supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If no, please explain:	

**MILITARY SERVICE**

Branch	Number of Years Served
Rank at Discharge	Type of Discharge
If other than honorable, explain	

**PROFESSIONAL LICENSES AND CERTIFICATIONS**

Do you hold a professional license for the position for which you are applying? YES  NO

If yes, Name of license/certification \_\_\_\_\_ and license/certification number \_\_\_\_\_  
 Issuing state \_\_\_\_\_.

Has your license/certification ever been revoked or suspended? YES  NO

If yes, state the reason(s), date of revocation or suspension and date of reinstatement \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

Name, Relationship, Address, Phone:

\_\_\_\_\_

\_\_\_\_\_

**HEALTH**

Completing and passing an employment physical and tuberculosis skin test is required for employment. The Baptist Children's Village is a tobacco free environment.

**PLEASE COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR A HOUSEPARENT OR CASE MANAGEMENT POSITION.**

Describe your personal experience in supervising groups of children:

Describe how your gifts, skills and temperament fit the job position:

Do you prefer to work with a specific sex, age or group?

Please describe any specialized training and experience, i.e., lawn care, sewing, household maintenance, tutoring, mechanical, etc:

**ALL APPLICANTS SHOULD PROVIDE A STATEMENT OF FAITH AND PERSONAL TESTIMONY. USE THE BACK OF THE PAGE IF MORE SPACE IS NEEDED.**

**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