



THE BAPTIST CHILDREN'S VILLAGE

P.O. Box 27, Clinton, MS 39060
 Office: 601-952-2422 Fax: 601-952-2906
 www.baptistchildrensvillage.com

Employment Application

Date: _____

(Please check campus location preference below)

- Brookhaven
 Coldwater
 Louisville
 Star
 Water Valley
 Waynesboro
 Wiggins
 Administration (Ridgeland)
 No Preference

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
Cell Phone		Other 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 NO Are you active in this church? YES NO No. of years attended _____

Pastor or pastoral staff member in this church who knows you _____

Are you a Christian and do you live a lifestyle free from the use of tobacco, excess alcohol 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 attach additional pages.

EDUCATION

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

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

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

MOST RECENT/CURRENT EMPLOYER (ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER?) YES NO			
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:

2ND 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:

3RD 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:

4 TH 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 <input type="checkbox"/> NO <input type="checkbox"/> If yes, Name of license/certification _____ and license/certification number _____ Issuing state _____.
Has your license/certification ever been revoked or suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> 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
All employees are required to complete and pass an annual employment physical and tuberculosis skin test. The Baptist Children's Village is a tobacco free environment. Do you understand and accept that all of these will be required and the results may effect your qualification for employment? YES NO

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.

ADDITIONAL REQUIREMENTS

All employees are required to be fingerprinted and have state and federal background and child abuse registry checks. Do you understand and accept that all of these will be required and the results may effect your qualification for employment?

YES NO

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