



Antioch Baptist Church, Inc. Employment Application Form

Please print ALL information requested except signature.

PERSONAL INFORMATION	
Name:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Initial </div>
Present address:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Number Street City State Zip </div>
Social Security No.	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div>
Telephone: (daytime)	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> (alternate) </div>
Email:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div>
If under 18, please list age:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div>
DESIRED POSITION	
<p style="font-size: small; margin: 0;"><i>Please indicate your desired area of employment by placing an X in the below column. If more than one position is desired, select one position in order of preference - 1 being highest, 4 being lowest. Please see job descriptions for more detailed information about each position.</i></p>	
<input type="checkbox"/> Summer Youth Program Coordinator	<input type="checkbox"/> Lead Camp Counselor
<input type="checkbox"/> Lead Camp Counselor	<input type="checkbox"/> After School Program Counselor
<input type="checkbox"/> Camp Counselor	<input type="checkbox"/> After School Program Tutor
<input type="checkbox"/> Teacher	<input type="checkbox"/> Saturday Teen Counselor
<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Saturday Teen Tutor



Days/hours available to work

No Preference _____

Thursday _____

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

Employment Desired:

How many hours can you work weekly? _____

Full Time _____ Part-Time _____

Work Start Date: Month ____ Day ____ Year ____

EDUCATION INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

WORK HISTORY

Please list your work experience for the past three years beginning with your most recent job held. If you are self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Your last job title:		

Reason for leaving (be specific)

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company



WORK HISTORY

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Your last job title:		
Reason for leaving (be specific)			
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company			
Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Your last job title:		
Reason for leaving (be specific)			
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company			
May we contact your employer? _____			
Licenses Held: (including drivers) or certifications to practice a trade or profession.			
Type	License Number	Granted by (licensing board)	



REFERENCES:

List the full name, address, phone number and relationships of up to three persons that you'd like to use as a reference:

Full Name	Address	Phone Number	Relationship

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No _____ Yes _____

If yes, explain number of conviction(s), nature of offence(s) leading to conviction(s), how recently such offence(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

COMPLIANCE with the Immigration Reform and Control Act requires that you are legally eligible for employment in the United States: _____ Yes _____ No

To APPLY: Submit your completed application and your transcript to:

Antioch Baptist Church, Inc.
110 W. 56th Street North
Tulsa, OK 74126
(918) 582-0768

Application materials will also be accepted via fax (918) 584-1765 or email cwright@tulsacoxmail.com.

Antioch Baptist Church, Inc. is an Equal Opportunity Employer.

Signature: _____

Date: _____

