

**Mayfield Memorial Missionary Baptist Church**  
700 West Sugar Creek Road, Charlotte, NC 28213

**EMPLOYMENT APPLICATION**

Please Print

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_

Present Address \_\_\_\_\_ Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long? \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
If yes, please explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, type(s) of rehabilitation.

Do you have any medical or health problems that will affect the work being applied for?  
 Yes  No  
If yes, Please explain

Do you have personal responsibilities or problems that may affect your daily attendance?  
 Yes  No  
If yes, please explain

Have you ever been convicted of a misdemeanor?  Yes  No  
If yes, please explain the number of conviction(s), nature of offense(s) leading conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, type(s) of rehabilitation

Have you ever participated in a substance abuse program?  
 Yes  No  
If yes, please explain

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College 1				
College 2				
Business or Trade School				
Professional School				

**CERTIFICATION AND TRAINING**

Type of Training or Certification	Year	Expiration Date

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No BRANCH \_\_\_\_\_

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Rank \_\_\_\_\_ Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE**

**Please list your work experience for your past three jobs beginning with your most recent job held.  
If you were self-employed, give firm name. Attached additional sheets if necessary.**

Name of Employer: _____	<b>Employment Dates</b>	<b>Pay or Salary</b>
Address: _____	From: _____	Starting: _____
City: _____ State: _____ Zip: _____	To: _____	Final: _____
Phone Number: _____	Name of Last Supervisor: _____	
May We contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Last Job Title: _____	

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

Reason for leaving (be specific): \_\_\_\_\_

Name of Employer: _____	<b>Employment Dates</b>	<b>Pay or Salary</b>
Address: _____	From: _____	Starting: _____
City: _____ State: _____ Zip: _____	To: _____	Final: _____
Phone Number: _____	Name of Last Supervisor: _____	
May We contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Last Job Title: _____	

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

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City: _____ State: _____ Zip: _____	To: _____	Final: _____
Phone Number: _____	Name of Last Supervisor: _____	
May We contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Last Job Title: _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
Reason for leaving (be specific): _____		

<b>PROFESSIONAL REFERENCES</b>	
Please list two professional references below.	
Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____	Telephone: _____

<b>PERSONAL REFERENCES</b>	
Please list two personal references other than relatives below.	
Name: _____	Name: _____
Relationship to Applicant: _____	Relationship to Applicant: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____	Telephone: _____

<b>PLEASE READ CAREFULLY</b>	
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the employer and others from any liability as a result of such contact and furnishing information.	
I understand that, in connection with the routine processing of this employment application, Mayfield Memorial Missionary Baptist Church may conduct background checks including law enforcement records and credit records and release agencies from liability for furnishing such information. I also understand that I may be tested for illegal drugs.	
I further understand that my employment with Mayfield Memorial Missionary Baptist Church shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the church is terminable at will for any reason by either party.	
Signature of Applicant _____	Date: _____
Printed name of Applicant _____	