

**APPLICATION**  
**Executive Assistant to the Pastor**  
**David Chapel Missionary Baptist Church (DCMBC)**  
**2211 East Martin Luther King, Jr. Boulevard**  
**Austin, Texas 78702-1343**

So that we can know you better, please complete the following profile and return it to the church office as soon as possible.

LAST NAME		FIRST NAME		MIDDLE INITIAL	NICKNAME
STREET ADDRESS	CITY		STATE		ZIP
HOME PHONE	WORK PHONE		E-MAIL		BIRTHDATE

1. When and where did you become a Christian?

\_\_\_\_\_

2. Are you licensed as a minister of the Christian gospel? \_\_\_\_ Yes \_\_\_\_ No If so, when? \_\_\_\_\_  
 By which church and pastor? \_\_\_\_\_

3. Are you ordained as a minister of the Christian gospel? \_\_\_\_ Yes \_\_\_\_ No If so, when? \_\_\_\_\_  
 By which church and pastor? \_\_\_\_\_

4. Are you a member or regular attender of DCMBC? \_\_\_\_ Member \_\_\_\_ Regular Attender

5. Give name/address of church where you hold membership: \_\_\_\_\_

6. List cities and states in which you have lived; any denominations or churches of which you have been a member, including addresses; and all previous church service, volunteer or paid, you have provided since you were 17 years of age. Include approximate dates. (Attach a separate page, or resume, if necessary.)

City	State	Church	Address	Service
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Do you have any friends or relatives presently or formerly employed by the DCMBC? Yes \_\_\_\_ No \_\_\_\_ If yes, please identify by name and relationship.

\_\_\_\_\_

8. Have you previously applied for employment with or worked for the DCMBC? Yes \_\_\_\_ No \_\_\_\_ if yes, please identify the date(s) of employment or application.

**9. Employment History**

List you present job first or most recent job if you are now unemployed and then all others in reverse chronological order. LIST ALL FORMER EMPLOYMENT. (Use additional sheets, if necessary.)

**EMPLOYER #1**

N a m e  
A d d r e s s

Telephone \_\_\_\_\_ Your Job Title \_\_\_\_\_

Your last rate of pay \_\_\_\_\_

Your supervisor's name \_\_\_\_\_

Your date of hire \_\_\_\_\_ Your date of termination \_\_\_\_\_

Work performed \_\_\_\_\_

How many days did you work after giving notice of leaving? \_\_\_\_\_

Were you ever disciplined, warned, or counseled about your job performance, attendance, or any other work related matter by this employer? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please explain the circumstances.

May the Church contact your present employer? Yes \_\_\_\_ No \_\_\_\_\_. If not, who should be contacted for current employment  
v e r i f i c a t i o n ?

**EMPLOYER #2**

N a m e  
A d d r e s s

Telephone \_\_\_\_\_ Your Job Title \_\_\_\_\_

Your last rate of pay \_\_\_\_\_

Your supervisor's name \_\_\_\_\_

Your date of hire \_\_\_\_\_ Your date of termination \_\_\_\_\_

Work performed \_\_\_\_\_

How many days did you work after giving notice? \_\_\_\_\_

Were you ever disciplined, warned, or counseled about your job performance, attendance, or any other work-related matter by this employer? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please explain the circumstances.

Have you ever been discharged **or** terminated from any job: Yes \_\_\_\_ No \_\_\_\_\_. If yes, please identify the employer, date of  
d i s c h a r g e , a n d e x p l a i n t h e c i r c u m s t a n c e s .

Please account for all periods of unemployment (of four weeks or more since you left high school) by noting the dates of unemployment and what you were doing during that time.

## 10. Education

**HIGH SCHOOL**

1. Name of School \_\_\_\_\_
2. City/State \_\_\_\_\_
3. Years Completed (Circle) 1 2 3 4 Did you graduate? Yes \_\_\_\_ No \_\_\_\_  
 Year last attended \_\_\_\_\_

**COLLEGE/UNIVERSITY/TECHNICAL OR VOCATIONAL SCHOOL**

(Use back page or additional sheets, if necessary)

4. Name of School \_\_\_\_\_
5. City/State \_\_\_\_\_
6. Years Completed (Circle) 1 2 3 4 Did you graduate? Yes \_\_\_\_ No \_\_\_\_  
 Year last attended \_\_\_\_\_
7. Course of Study and Degree, if any \_\_\_\_\_
11. Do you have any special skills, training, license, certification, apprenticeship, or extra curricular activities that would apply to the job for which you are an applicant?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Please describe on the back page any additional education, training, or qualifications, which you possess, which you believe, may assist the Church in evaluating your application.
13. Have you taken any of these courses? CPR: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Currently Certified  
 First Aid \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Currently Certified
14. Do you consider yourself a positive role model? Yes \_\_\_\_ No \_\_\_\_
15. Please list three references. One pastor/church leader; one employer or former employer; one personal acquaintance. (No family members please.)
- |            |             |                    |
|------------|-------------|--------------------|
| Name _____ | Phone _____ | Relationship _____ |
| Name _____ | Phone _____ | Relationship _____ |
| Name _____ | Phone _____ | Relationship _____ |
16. Have you ever been charged with, indicted for, or pled guilty to a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: (use back if needed) \_\_\_\_\_
17. Have you been charged with, indicted for, or convicted of child abuse or sexual abuse or been involved in any activity related to molesting or abusing children or youth? If yes, please explain. \_\_\_\_\_
18. Have you ever been charged with, indicted for, or pled guilty to an action involving sexual misconduct? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please explain: **(use back if needed)** \_\_\_\_\_
19. I certify that I was never abused or molested as a minor OR if I was abused or molested as a minor, I have dealt with issues relating to my past regarding such abuse. \_\_\_\_ Yes \_\_\_\_ No I would like to talk to a staff minister regarding this issue.
20. Do you have a current driver's license? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, state of issuance \_\_\_\_\_ License #: \_\_\_\_\_

21. What moving violations are on your driving record? Please list and explain.
22. Have you ever used an illicit drug? If yes, please identify the drug. Also, explain.
23. When will you be able to begin working in this position? \_\_\_\_\_
24. State your reasons for interest in this position: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
25. State your required minimum gross annual salary: \_\_\_\_\_
26. Best time of day to contact you:      \_\_\_ Morning      \_\_\_ Afternoon      \_\_\_ Evening

The above answers are true and complete to the best of my knowledge. I authorize David Chapel Missionary Baptist Church of Austin to investigate any statement made herein as necessary. I hereby release any reference contained herein from any and all liability resulting from compliance with this authorization.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

*David Chapel Missionary Baptist Church of Austin Youth/Children/s Ministries*

# Consent Document

**Organization: David Chapel Missionary Baptist Church**

## NOTICE TO VOLUNTEER AND STAFF APPLICANTS

Your organization has contracted with \_\_\_\_\_ to verify certain information contained in your application for work provided by you during the interview process. The information requested below is necessary to complete this task. This information is NOT a part of the application for volunteer work and will be used for the sole purpose of verification of information, and or statements made by you. ***Please complete all information requested.***

VOLUNTEER'S LEGAL NAME:

Last Name

First

M.I./Maiden Name

CURRENT HOME ADDRESS:

Street

City/State

Zip

DATE OF BIRTH:

SOCIAL SECURITY#

SEX: Male

Female

Month/Day/Year

DRIVER'S LICENSE #:

STATE:

## **RESIDENTIAL HISTORY: LIST ALL RESIDENTIAL ADDRESSES IN THE LAST 7 YEARS**

From:

To:

Address

City

State

Zip

From:

To:

Address

City

State

Zip

From:

To:

Address

City

State

Zip

**CONSENT:** I understand that \_\_\_\_\_ will verify all or part of the information I have given my organization. I understand that this verification may include an inquiry into my criminal history as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for volunteer work.

**SIGNATURE:**

**DATE:**