



EMPLOYMENT APPLICATION

The Southern Baptist Theological Seminary

Human Resources Office ♦ 2825 Lexington Road ♦ Louisville, KY 40280

Instructions: Type or clearly print with black or blue ink. Please furnish complete and accurate information. Applications will be verified. Incomplete applications will not be considered. All applicants applying for full-time clerical positions must complete pre-employment tests.

Personal Data				
Today's Date		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<input type="checkbox"/> Check if under 18 years of age.
Last Name	First Name	M.I.	Social Security No.	Phone (with area code)
Address (Number and Street)		City	State	Zip Code
Campus Box Number		E-mail Address		Date you can start
Relationship to Southern Seminary:		<input type="checkbox"/> Prospective Student <input type="checkbox"/> Student <input type="checkbox"/> Student Spouse <input type="checkbox"/> Other _____		
Only U.S. Citizens or Aliens who verify a legal authorization to work in the U.S. are eligible for employment. Are you a U.S. Citizen or are you otherwise authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list dates and hours available for work. _____				
State briefly why you would like to work for The Southern Baptist Theological Seminary ("the Seminary"): _____				
Have you ever been interviewed for employment by Southern Seminary? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, by whom? _____		When? _____		
Have you ever been employed by Southern Seminary? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list position(s). _____		Dates of Employment: _____		
Reason for leaving: _____				
Have you ever been convicted of any misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there any criminal charges presently pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been included in a sexual offender registry? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes to any of the above questions, describe in full (include date, offense, disposition). _____				

(Note: A past conviction or pending charges will not necessarily disqualify an applicant.)				

Education

Name, City, and State of Educational Institution	Graduated		Years Attended		Type of Degree Received or Expected	If No Degree, Credits Earned	Course of Study
	Yes	No	From	To			
High School	<input type="checkbox"/>	<input type="checkbox"/>					
College/University	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
Post Graduate Studies	<input type="checkbox"/>	<input type="checkbox"/>					
Technical/Other	<input type="checkbox"/>	<input type="checkbox"/>					

Summary of Skills--List other training, qualifications, and skills such as audiovisuals, bookkeeping, computer (be specific when identifying computer skills), food service, recreation, typing, etc.

Activities and Achievements--List position(s) held and length of time. (Do not include those which indicate race, color, religion, sex, age, national origin, disability, or veteran status.)

Personal References

(Exclude Former Employers or Relatives)

Name and Occupation	Address	Phone Number	Years Known

Work Experience

Have you ever been dismissed or forced to resign from any employment? Yes No
 If you answered yes, describe in full (include date, employer, and circumstances).

Start with present or most recent position. Attach additional pages if needed. Please attach resume if available.

Company Name	Type of Business	Employed From-To (Indicate Dates)
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Address	City	State	Zip Code	Phone (with Area Code)
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Job Title	Immediate Supervisor	Base Starting Salary	Base Salary at Leaving
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Duties/Responsibilities	Additional Compensation (Explain)
	Reason for Leaving

Company Name	Type of Business	Employed From-To (Indicate Dates)
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Address	City	State	Zip Code	Phone (with Area Code)
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Job Title	Immediate Supervisor	Base Starting Salary	Base Salary at Leaving
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Job Title	Immediate Supervisor	Base Starting Salary	Base Salary at Leaving
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Job Title	Immediate Supervisor	Base Starting Salary	Base Salary at Leaving
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Duties/Responsibilities	Additional Compensation (Explain)
	Reason for Leaving

READ CAREFULLY BEFORE SIGNING THIS APPLICATION

This organization is committed to the policy of equal employment opportunity in its personnel and employment practices. Your job-related experience and other qualifications will be considered without discrimination on grounds of race, color, religion (other than for positions specified by U.S. Supreme Court), sex, national origin, age, disability, veteran status, or any other basis protected by applicable federal, state, or local law.

I understand that, in the event I am employed by the Seminary, I am employed "at-will," which means the term of employment is not definite and my employment may be terminated at any time, with or without cause, without any advance notice, by either myself or my employer. The aforementioned constitutes the entire agreement between the Seminary and me on the subject of termination, layoff and/or discharge and can only be changed by a written agreement signed and executed by the Senior Vice President for Institutional Administration, or his designee.

I represent that the answers and information given by me in this Application or in any resume are true and complete to the best of my knowledge. Without limiting the at-will employment relationship, I understand that my employment may be terminated at any time if you discover that I have provided incomplete, untrue, or misleading answers in this Application, or on any other document or form executed by me at any time during my employment.

I have read, understand, and agree to the above statements.

Note : A photocopy of this statement shall be as valid as the original.

Signature of Applicant

Date

CONSUMER REPORT DISCLOSURE – WAIVER AND RELEASE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from US Investigations Services, LLC. (“USIS”). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, conversations with personal and/or business references, and drugs/alcohol use. Such reports may also contain public record information concerning your driving record, workers compensation claims, credit, bankruptcy proceedings, criminal reports, etc., from federal, state and other agencies which maintain such records, as well as information from USIS concerning previous requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification to release, the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished with the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any times during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being release could affect my being hired, my employment, my eligibility for promotion or transfer.

PRINT NAME: (Last, First, Middle) _____

SIGNATURE: _____ DATE: ____/____/____

SOCIAL SECURITY NO. _____ DATE OF BIRTH: ____/____/____

Note: Date of Birth information is only for use by US Investigation Services, LLC

DRIVER LIC. NO. _____ STATE ISSUED: ____ EXPIRATION DATE _____

CURRENT ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

HOME PHONE: (_____) _____

LIST PREVIOUS ADDRESSES [at least last seven [7] years]

1. Address: _____ City _____ State _____

2. Address: _____ City _____ State _____

3. Address: _____ City _____ State _____