

PO Box 5076 Largo, Florida 33779

888.233.NCLL (6255) info@NCLL.org www.NCLL.org

Employment/Volunteer Application Marlbrook Baptist Church

Thank you for your interest in serving at Marlbrook Baptist Church (the "Ministry").

Personal Information		
Last Name	First	Middle
If you have ever used other na dates of use:	ames, such as marrie	ed or maiden names, please provide the names and
Name		Dates
Name		Dates
Are you 18 years of age or old	er?Y N N	
Present address		
How long at this location?		
Home telephone number		Cell
Email Address		
Previous address		
How long at this location?		
Position applied for		Date you are available to start
Spiritual Qualifications		
Please briefly describe when y	you trusted Christ as	s your Savior.
How long have you attended t	he Marlbrook Bapti	st Church?
	Dog	o 1 of 4

Are you a member of Marlbrook Baptist Church	1? Y 🔲 N 🔲	
Please provide the following information for ary years:	ny churches you have regularly attended in the last 10	
Name	Telephone number	
Address		
Senior pastor		
Dates attended		
Reasons for leaving		
Name	Telephone number	
Address		
Senior pastor		
Dates attended		
Reasons for leaving		
Name		
	·	
Reasons for leaving		
Educational/Professional Qualifications		
Academic achievements (schools attended, degrees earned, dates of completion):		
Professional organizations, memberships, and licenses (including CDL licensing):		
Name		
Date receivedLicense number Page 2 of 4		

First aid training? Y 🔲 N 🗌	Date completed
CPR training? Y 🗌 N 🗌	Date completed
Previous Work Experience	
Please provide the following ir past five years:	formation for all previous employers and volunteer service during the
Name of Employer	Telephone number
Address	
Supervisor	
Title	
Responsibilities	
Dates of Service	
Name of Employer	Telephone number
Address	
Supervisor	
Title	
Responsibilities	
Dates of Service	
Name of Employer	Telephone number
Address	
Supervisor	
Title	
Responsibilities	
Dates of Service	

References

Please list three individuals to whom you are not related by blood or marriage and who hav	e known
you for at least five years.	

Name	_Email	
Address		
	Cell	
Relationship to Reference		
Name	_ Email	
Address		
	Cell	
Relationship to Reference		
Name	Email	
	Cell	
Relationship to Reference		
the Ministry to verify the information I have perhurches, and employers I have listed, or by or listed. I authorize the references and employer information they may have regarding my characteristic functions and evaluation of the receipt and evaluation any individual, church, youth organization, organization, including record custodians, be present, future, known and unknown liability with this authorization. I ALSO AGREE that a activities anticipated by this form shall be seen	vided on this application is true and complete. I authorize provided on this application by contacting the references, ther means, including contacting others whom I have not results listed in this application to give the Ministry whatever aracter and fitness for the job for which I have applied. Confidentiality regarding the information that is obtained. In of this application by the Ministry, I HEREBY RELEASE charity, employer, reference, or any other person or oth collectively and individually, from any and all past, of for damages of compliance or any attempts to comply, any controversy or claim arising out of or relating to the attled by binding Christian arbitration conducted by the rechristian arbitrator, and judgment on the award may be of.	
Should my application be accepted, I agree to procedures, code of conduct, and statement of	o abide by and be bound by the Ministry's policies and faith.	
I have read this waiver and release and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion. I understand that any omission from or misinformation in the application may result in the rejection of my application or my dismissal from service if I have already been given a position. (Enter your electronic signature below by typing your name)		
Signature of Applicant	Date	
Signature of Witness	Date	