

THE BAPTIST COLLEGE OF FLORIDA
5400 COLLEGE DRIVE, GRACEVILLE, FL 32440
850-263-3261 800-328-2660

EMPLOYMENT APPLICATION

PERSONAL DATA

Date: _____ **Would you prefer to work: Full-time** _____ **Part-time** _____

Name: _____ **Social Security#:** _____

Address: _____

Telephone Number: _____

For which college departments would you be interested in working? _____

DISCLOSURE STATEMENT

In connection with my application for employment with The Baptist College of Florida, I fully understand that The Baptist College of Florida and/or a designated application screening agency, as their agent, may request/conduct a consumer report/background investigation on me.

The consumer report/background investigation may contain the following types of information: verification of prior employment(s) and dates of employment, academic achievement, professional licensure, and credit reports. I further understand the report may contain information about any prior criminal history, civil litigation, social security number verification, driving records, Uniform Commercial Code (UCC) filings, any liens or judgments, and bankruptcy as a result of a public record(s) search from any federal, state, or any other agency which might contain such records.

Information regarding conviction will not necessarily bar an applicant from employment, but will be reviewed in light of all the surrounding circumstances, including age at the time of the offense, seriousness and nature of the violation, rehabilitation, relationship of the offense to employment and federal statutory requirements.

I authorize and request all persons, schools, businesses, corporations, credit bureaus, courts, law enforcement agencies, armed forces, employment commissions, and all government agencies to release said information without restriction or qualification. I am aware that I have the right to request the nature and scope of the results, as reported from The Baptist College of Florida. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

All background information obtained shall be utilized to assist in verification of the employment application. Retrieval and usage of this information complies with all Equal Opportunity Commission, Americans with Disabilities Act, and the Fair Credit Reporting Act (Laws, Rules, and Regulations).

In compliance with the US Department of Education Office of Civil Rights and with federal law, including provisions of Title IX of the Educational Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, The Baptist College of Florida has issued the following Non-Discrimination Policy. The Baptist College of Florida does not illegally discriminate on the basis of race, color, gender, national or ethnic origin, age, disability or military service in its administration of educational policies, programs, or activities, admissions policies, or employment. Under federal law, the college may discriminate on the basis of religion in order to fulfill its purposes. Inquiries or complaints regarding discrimination should be directed to Sandra Richards, Director of Enrollment Management and Marketing (850) 263-3261 ext. 415.

I hereby declare that the answers to the questions on my application and related paperwork which I have been asked to complete, and any attachments to the same, are true and correct and that any misstatements of fact(s) or omissions may form the basis for rejection of my application or for my dismissal after employment.

Applicant Signature: _____ **Date:** _____

EDUCATIONAL INFORMATION

High School Name: _____ Last Year Completed: _____

High School Address: _____

College/University Name: _____ Last Year Completed: _____

College/University Address: _____

College/University Major/Course of Study: _____

Additional College/University Name: _____ Last Year Completed: _____

Additional College/University Address: _____

Additional College/University Major/Course of Study: _____

WORK EXPERIENCE

(List in order starting with most recent)

1. Name of Employer: _____ Telephone #: _____

Employer Address: _____

Duties Performed: _____

Dates of Employment: _____ Reason for Leaving: _____

2. Name of Employer: _____ Telephone #: _____

Employer Address: _____

Duties Performed: _____

Dates of Employment: _____ Reason for Leaving: _____

3. Name of Employer: _____ Telephone #: _____

Employer Address: _____

Duties Performed: _____

Dates of Employment: _____ Reason for Leaving: _____

MINISTRY/VOLUNTEER EXPERIENCE

1. Name of Organization: _____ Telephone #: _____

Organization Address: _____

Duties Performed: _____

Dates of Service: _____ Reason for Leaving: _____