

**Stones River Baptist Church  
Employment Application**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Other Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

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Indicate the position for which you are applying. Indicate your skills, knowledge and experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Current Employer:** \_\_\_\_\_

**Company's address and telephone number:** \_\_\_\_\_

**Company's address and telephone number:** \_\_\_\_\_

**Your position:** \_\_\_\_\_ **Gross monthly salary:** \_\_\_\_\_

**Dates of employment:** \_\_\_\_\_ **to** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

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**Previous Employer:** \_\_\_\_\_

**Company's address and telephone number:** \_\_\_\_\_

**Company's address and telephone number:** \_\_\_\_\_

**Your position:** \_\_\_\_\_ **Gross monthly salary:** \_\_\_\_\_

**Dates of employment:** \_\_\_\_\_ **to** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

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Have you ever been involuntary terminated from a job? If yes, explain the circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Professional Reference :**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_ **How long?** \_\_\_\_\_

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**Applicant's Name:** \_\_\_\_\_

**Personal References (other than family members):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long? \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this person? \_\_\_\_\_ How long? \_\_\_\_\_

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Are you a member of a local church? **YES** **NO** If **YES**, please enter the church's name below.

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I declare that all information on this application is correct. If incorrect information is provided,  
I understand that I may be terminated for falsifying this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I authorize Stones River Baptist Church to verify any and all information on this application.

I authorize Stones River Baptist Church to complete a full background check on me.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return by mail or in person to:**

Stone River Baptist Church  
361 Sam Ridley Pkwy E.  
Smyrna, TN 37167

**Office hours:**

9 am-2 pm  
Monday-Friday