Application for Worship Pastor Shelton First Baptist Church 428 W. Cota St. Shelton, WA. 98584

Qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran status, or the presence of a non-job prohibitive medical condition or handicap.

□ Please include a cover letter with your application.

## **GENERAL INFORMATION:**

Name: Last	First	M.I DOB: / /	
Mailing Address:		Email Address:	
City		State Zip	
Mobile Phone: ()		Other Phone: ()	

## **EMPLOYMENT, EDUCATION, & SKILLS:**

Are you currently employed?	Yes	🖵 No		
Does your current employer know	that you a	re applying at Shelton FBC?	Yes	🛛 No

□ Please include a detail of your education and previous employment on your resume.

□ Please submit additional items that will help us to get to know you and your ministry such as: a video of a service that you planned and executed; audio/video clips of you leading musical worship; a selection of songs you've written and performed; a chord chart or arrangement that you created; a list of your favorite bands, including non-Christian music; any other creative art or media you've worked on.

## SPIRITUAL BACKGROUND, PHILOSOPHY OF MINISTRY, & CHARACTER CHECK:

- □ Please include a summary of your faith story (one page max).
- □ Please share your philosophy of musical worship (one paragraph max).
- □ Please include a list of references with your application, describing your relationship length and context.

## **PERSONNEL RECORD:**

This application must be completed by anyone seeking employment at the Shelton First Baptist Church. Some of these questions are required by legal/judicial precedent in actions taken against churches where liabilities were determined due to incomplete screening of staff members. Please help us by answering ALL questions asked. All information will be kept CONFIDENTIAL.

Do you have a current driver's license? 
Yes No If yes, DL#\_\_\_\_\_State:\_\_\_\_\_

Please indicate your marital status:  Single  Married  Divorce	ced 🛛 Wido	wed	
If you are married, give spouse's name:	ls spouse	a believer? 🕒 Yes	🛛 No
Do you have children?	. age/grade b	elow.	
Name:			
Name:	Age:	Grade:	

The information contained in this application is correct to the best of my knowledge.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment, if it becomes a fact, is for an indefinite period and may, regardless of the date of payment of my wages and salary, be terminated by me or by the First Baptist Church at any time with or without notice or cause.

I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

I understand that beyond specific job responsibilities, all staff are expected to be able to assist in elementary spiritual counsel, to freely share the plan of salvation with inquirers, and that evidences of rejection of the biblical principles of the First Baptist Church would be cause for dismissal.

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's	signature:
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Date:		/		/	′
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