



Mayfield Memorial Missionary Baptist Church  
700 West Sugar Creek Road, Charlotte, NC 28213

**EMPLOYMENT APPLICATION**

Please Print

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

How long? \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Other Telephone \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
If yes, please explain the number of conviction (s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, type(s) of rehabilitation  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical or health problems that will affect the work being applied for?  
 Yes  No  
If yes, Please explain  
\_\_\_\_\_

Do you have personal responsibilities or problems that may affect your daily attendance?  
 Yes  No  
If yes, please explain  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor ?  Yes  No  
If yes, please explain the number of convictions (), nature of offense(s) leading conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, type(s) of rehabilitation  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever participated in a substance abuse program?  
 Yes  No  
If yes, please explain  
\_\_\_\_\_

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATIONS (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
College				
Bus. Or Trade School				
Professional School				

CERTIFICATION AND TRAINING	Year	Expiration Dae
Type of Training or Certification		

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No BRANCH \_\_\_\_\_

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Rank \_\_\_\_\_ Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE** Please list your work experience for your past three jobs beginning with your most recent job held. If you were self-employed, give firm name. **Attached additional sheets if necessary.**

Name of Employer	Name of Last supervisor	Employment dates	Pay or Salary
Address		From To	Start Final
Phone Number	Your Last Job Title		
May We contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer	Name of Last supervisor	Employment dates	Pay or Salary
Address		From To	Start Final
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Name of Employer	Name of Last supervisor	Employment dates	Pay or Salary
Address			
Phone Number		From To	Start Final
May We contact this employer?      Yes      No	Your Last Job Title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

**REFERENCES**

Please list two personal references other than relatives.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

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Please list two personal references other than relatives.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

PLEASE READ CAREFULLY

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the employer and others from any liability as a result of such contact and furnishing information.

I understand that, in connection with the routine processing of this employment application, Mayfield Memorial Missionary Baptist Church may conduct background checks including law enforcement records and credit records and release agencies from liability for furnishing such information. I also understand that I may be tested for illegal drugs.

I further understand that my employment with Mayfield Memorial Missionary Baptist Church shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the church is terminable at will for any reason by either party.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Applicant \_\_\_\_\_