



**Southern
Christian**
CHILDREN'S HOME

PHONE: (501) 354-2428
P.O. BOX 649
MORRILTON, AR 72110

PERSONAL INFORMATION

NAME (LAST NAME, FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP	EMAIL
PERMANENT ADDRESS	CITY	STATE	ZIP	PHONE
ARE YOU 18 YEARS OR OLDER? X YES <input type="checkbox"/> NO	X U.S. CITIZEN <input type="checkbox"/> ALIEN AUTHORIZED TO WORK IN THE U.S.	ADDITIONAL CONTACT NUMBER OR EMAIL		
EMERGENCY CONTACT/RELATIONSHIP	EMERGENCY CONTACT'S ADDRESS		EMERGENCY CONTACT'S PHONE	

EDUCATION

SCHOOL LEVEL	NAME & LOCATION	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS

LIST BELOW ALL EMPLOYERS FOR THE PAST 6 YEARS, MOST RECENT FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	STARTING SALARY	JOB TITLE	

LEAVING DATE	FINAL SALARY	SPECIAL TRAINING/SKILLS	MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO
SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

FORMER EMPLOYERS

EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	STARTING SALARY	JOB TITLE	
LEAVING DATE	FINAL SALARY	SPECIAL TRAINING/SKILLS	MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO
SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			
EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	STARTING SALARY	JOB TITLE	
LEAVING DATE	FINAL SALARY	SPECIAL TRAINING/SKILLS	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO

SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

RESIDENCES

Please provide the following information about all places you have resided for the past seven years, beginning with your present address. All periods of time must be accounted for, and all multiple residences must be listed. Please attach another sheet if necessary.

DATES (MO/YR)	ADDRESS	CITY	STATE	ZIP

CONGREGATIONS

Please list all congregations you have attended for the past seven years, beginning with your current congregation.

CONGREGATION	ADDRESS	PHONE	MINISTER/ELDER

REFERENCE LIST

ELDER/MINISTER Name: _____
Address: _____
Email: _____
Phone: _____

PROFESSIONAL Name: _____
Address: _____
Email: _____
Phone: _____

PROFESSIONAL Name: _____
Address: _____
Email: _____
Phone: _____

PERSONAL Name: _____
Address: _____
Email: _____
Phone: _____

PERSONAL Name: _____
Address: _____
Email: _____
Phone: _____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without prior notice."

Signature: _____

Date: _____

Email completed application to Gary Gibson, Executive Director, garyg@schome.org