

Tennessee Baptist Adult Homes Special Friends Camp Staff Application

send to:

Tennessee Baptist Adult Homes, Inc PO Box 728 Brentwood, TN 37024-0728

TBAH Use Only	
Date Received:	
App. Assigned to:	
References Sent:	
Confirmation Received:	

Identification			
Name	SS Number	Date of Birth	Application Date
Street Address	City, State, ZIP		T-Shirt Size
Home Telephone	Cell Phone	email address	Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment History <i>(most recent first)</i>			
Name and address of company or individual	Phone	Dates Employed	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
What duties did you perform?			
Name and address of company or individual	Phone	Dates Employed	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
What duties did you perform?			

Education <i>(for the most recent school grade of college year completed, please provide the following)</i>			
Name of School, City, and State	Grade/Year	GPA	Major Course of Study
List any offices held, honors received, clubs, and organizations joined.			

References			
Name (Pastor or other Minister)		Street, City, State, ZIP	
Daytime Phone	Home Phone	# years known	Name of Church
Name		Street, City, State, ZIP	
Daytime Phone	Home Phone	# years known	Name of Church
Name		Street, City, State, ZIP	
Daytime Phone	Home Phone	# years known	Name of Church

Affirmation and Signature

By my signature placed below, I affirm that the information provided in this employment application is true and complete. I understand that if employed, any false information or omissions shall be considered sufficient cause for dismissal without any obligation or liability to me other than for payment, at the rate agreed upon, for services rendered. I agree to immediately notify TBAH if I should be convicted of a felony or any crime involving dishonesty or breach of trust while my application is pending or during my period of employment.

I authorize the investigation of all statements contained in this application. I also authorize TBAH to contact my present employer (unless otherwise noted in this application form), past employers and listed references and other references that might know of my qualifications for employment.

I authorize any person, school, current employer (except as previously noted), past employers and organizations who might know of my qualifications for employment to provide TBAH relevant information and opinion that may be useful to TBAH in making a hiring decision, and I release such person and organizations from any legal liability in making such statements.

I understand that after a conditional job offer has been extended to me, I may be given a drug/alcohol test. My signature on this application gives consent for this drug/alcohol test.

I understand and agree that, if hired, I may be required to submit to a drug/alcohol test if TBAH determines such test to be necessary. I also understand and agree that, if hired, I may be required to submit to a search of my personal property if TBAH determines it has a reasonable suspicion of theft or of possession of drugs, alcohol, weapons, or stolen property on the property of TBAH and the Tennessee Baptist Convention.

I understand that this application does not create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS IN THIS APPLICATION FORM.

Please review your answers carefully before signing

Signature

Date

PARENTAL ENDORSEMENT FOR MINOR APPLICANTS

Has the applicant reached 18 years of age? yes no

If no, parent/legal guardian must read the following paragraphs and sign indicating their endorsement of this application.

For many young people, staff service with the Special Friends Camps will be the longest length of time they have been away from home. However, this experience will give them the opportunity to grow mentally, physically, and spiritually. It is hoped that they gain mature work habits which will benefit them for a lifetime. It is a rewarding time, but also a demanding time. Each staff member will be closely supervised. Each staff member is expected to become a valuable member of the team and perform all duties as assigned.

Please sign below to indicate that you have reviewed and agree with this application and the answers given, that you consent to any examination and/or testing (including drug/alcohol testing) of your child that may be required. Your signature indicates that your child has your consent to serve on the staff of Special Friends Camp and that you offer your prayerful support in this endeavor. Your signature attests you are aware that you will be required to sign additional forms and that transportation to and from camp is the responsibility of the applicant and his/her family.

Signature - Father

Date

Signature - Mother

Date

Address of Parent/Legal Guardian