



Dr. Jeff Parish, Pastor

12685 Ulmerton Road • Largo, Florida 33774
(727) 595-3421 • Fax (727) 595-6346 • www.indianrocks.org

Dear Applicant,

Thank you for your interest in employment with Indian Rocks Ministries. Our campus includes: Indian Rocks Christian School (IRCS), the Indian Rocks Thrift Center and First Baptist Indian Rocks (FBCIR).

Please make sure you fill out your application completely. It is important to note the position for which you are applying. Upon completion, please return it to the Church Receptionist located in the Education Center. Applications are kept on file for one year from the date of completion.

Employment opportunities are posted in the Indian Rocks weekend Bulletin as well as the church website. If a position becomes available, active applications are reviewed for that position.

Please contact the Human Resources Office at 727-593-8729, if you have any questions. We pray that God will bless you in your career endeavors.

Sincerely,

John Little

Human Resources Director



12685 Ulmerton Road
Largo, Fl. 33774
727-593-8729

Please Print and complete all sides

Name: _____
Last First Middle

Position Applying For: _____ Type of Employment Desired: Full Time Part Time Temporary

Home Address: _____
Street Address City State Postal Code

Home Phone: _____ Cell Phone: _____ Email: _____

- Are you over the age of 18? YES NO

(If no, you may be required to provide authorization to work.)

- Have you previously been employed by Indian Rocks? YES NO

If yes, please provide details: _____

- Are you legally eligible to be employed in the United States? YES NO

(Proof of identity and eligibility will be required upon employment)

- Have you ever pled "guilty" or "no contest" to or been convicted of a crime? YES NO

If yes, please give dates and details: _____

(Answering "yes" to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness, and nature of the violation, rehabilitation, and position applied for will be considered.)

To properly protect our children, all those serving in ministry capacities involving children or youth must provide the following information. Please sign and date your response. All responses are confidential.

- During your lifetime, have you ever been accused of child molestation, child abuse, assault, lewdness, or sex offenses of any nature? YES NO

If yes, please give dates and details: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

Education

Level	Name/Location of School	Type of Study	# of Years	Graduate/Yr.	Degree
High Sch					
Tech					
College					
Other					

EMPLOYMENT HISTORY (begin with most recent)

Dates	Company	Address	Position	Phone	Reason Left
	Supervisor		Ending Salary (choose one)		
			<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly \$		
			<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly \$		
			<input type="checkbox"/> Annual <input type="checkbox"/> Annual <input type="checkbox"/> Annual \$		
			<input type="checkbox"/> Annual <input type="checkbox"/> Annual <input type="checkbox"/> Annual \$		

Have you ever served in Armed Forces YES NO Branch? _____

Do you have any certificates /licenses which may help qualify you for employment (please provide copy) YES NO N/A

Have you ever held a child care license with Department of Children and Families or been registered to provide child care in your home YES NO N/A

While employed in a child care program have you ever been the subject of disciplinary action or been the party responsible for a child care facility receiving an administrative fine. YES NO N/A

Have you ever worked in a facility that has had a license denied, revoked or suspended in any state or jurisdiction or has been the subject of disciplinary action or been fined while employed in a child care facility YES NO N/A

REFERENCES

Please furnish the names, addresses, and telephone numbers of three (3) people to whom you are not related and by whom you have not been employed

Name/Occupation	Address	Phone Number

Availability

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

If Employed I will notify my supervisor in writing should my availability change

DSPA Acknowledgement

Employee

I hereby acknowledge that I have received this company's Drug Free Workplace Handbook, which includes the company Drug Free Workplace policy, employee assistance information, a listing of drugs being tested for, common over-the-counter medications which may alter a drug test and educational material on substance abuse. I have also been given the opportunity to voluntarily complete a Medication Disclosure Form.

I freely and voluntarily agree and realize that as part of my employment, I may be subjected to future drug and/or alcohol screens for post-accident, reasonable suspicion, routine fitness-for-duty, return to work, follow-up, and/or random drug testing at the company's discretion. I understand that a refusal to submit to a blood, urinalysis, hair and/or breath screen or a positive confirmed drug and/or alcohol test, will result in immediate termination from employment. I understand that a tampered or an adulterated drug and/or alcohol specimen will be considered a refusal to test, resulting in immediate termination. I understand that a confirmed positive drug and/or alcohol test, a tampered with or an adulterated specimen or refusal to test may result in forfeiture of unemployment benefits under Florida law.

I agree to voluntarily submit to a blood, urinalysis and/or hair screen for drug or alcohol use as part of my ongoing employment, and release my employer from any liability resulting from my participation in such a screening.

I understand that if I am injured during the course and scope of my employment and I test positive for the presence of alcohol and/or drugs, I may forfeit my eligibility for medical and indemnity benefits under Florida's workers' compensation law (Florida Statutes 440.101, 440.102). I also understand that a refusal to test under this circumstance will automatically result in forfeiture of my eligibility for medical and indemnity benefits and immediately termination from employment.

I hereby give my consent to release the results of my blood and/or urinalysis to the person(s) or department(s) of the specified agent of my employer, including my employer's Workers' Compensation Insurance Company, for the purpose of determining the presence of alcohol and/or other drugs in my body for the duration of my employment.

By signing this form, I hereby release to the Company and/or Company's Medical Review Officer the results of the test(s) to which I have consented. I further authorize the Company to discuss the results with medical personnel/physician collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein. I also authorize the Company to discuss the results with its legal advisors and to use the test results as a defense to any legal action to which I am a party. I further release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate Employer officials. I agree to have the results released to the Company and/or the Company's Medical Review Officer.

I also understand that the Drug-Free Workplace policy and related documents are not intended to constitute a contract between this employer and myself.

As an employee, I understand and agree to abide by this company's Drug Free Workplace policy, under Florida statute 440.101 and 440.102, and have received a written 60-day notification of this program, if applicable.

_____/_____/_____
Employee Signature Print Name Date

Applicant

As a job applicant, I freely and voluntarily agree to a urinalysis drug screen as part of my application for employment and I understand that a refusal to test, a positive confirmed drug test or a tampered with or an adulterated specimen will disqualify me from employment, even if I have started work pending the results of the drug test. I understand I am still completing the application process and will not officially be an employee until the company receives a negative pre-employment drug test result. If I am employed by this company, I understand and agree to abide by this company's Drug Free Workplace policy, under Florida statute 440.101 and 440.102, as stated above.

_____/_____/_____
Applicant Signature Print Name Date

Church Affiliation

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Current Church Membership: _____ **Denomination:** _____

Pastor's Name: _____ **Phone:** _____

In the event of an offer for employment would you be willing to become a member of First Baptist of Indian Rocks in support of its doctrines and leadership? **YES** **NO** **Currently a Member**

Please Share your Testimony:

CONSENT AND WAIVER FORM

This release and authorization acknowledges that this company may now, or at any time while you are employed, conduct a verification of your education, previous employment/work history, credit history, workers' compensation injuries, motor vehicle records, contact personal references, require that you provide a urine specimen, or blood specimen, to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and/or any other applicable state laws. The results of this verification process will be used to determine employment eligibility under this company's employment policies. The information obtained will not be provided to any other parties other than to the designated authorized representatives of this company. All results will be kept CONFIDENTIAL.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

I have read and understand this consent for release of information, and authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide First Baptist Church of Indian Rocks and contracted screening agencies with any information that is requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information.

I do hereby agree to forever release and discharge First Baptist Church of Indian Rocks and contracted screening agencies to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the background report.

APPLICANT'S SIGNATURE: _____

DATE: _____