

UNION BAPTIST CHURCH OF ORANGE

160 OAKWOOD AVENUE

ORANGE, NEW JERSEY 07050-3912

PHONE: (973) 674-8023--EMAIL: ubcornj@comcast.net

Employment Application

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Date Available: _____ Social Security No. _____ Date of Birth _____

Position Applying for: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S. Yes No

List social media footprint if applicable (Facebook, Twitter, Instagram, LinkedIn, etc. _____

Have you ever been convicted of a felony? Yes No If yes, explain. _____

Education History

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

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References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Current Employment

Address: _____ Phone: _____

Employer: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

May we contact your current employer for a reference? Yes No

Previous Employment

Address: _____ Phone: _____

Employer: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous employer for a reference? Yes No

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Previous Employment

Address: _____ Phone: _____

Employer: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous employer for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

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Ordination and Current Church

Are you licensed? Yes No

Are you ordained? Yes No

Licensure date and place _____

Licensed by: _____

Denomination: _____

Ordination date: _____

Ordination place: _____

Address: _____

Ordained by: _____

Denomination: _____

Current church name and address where you are a member:

Name: _____

Address: _____

City, State & Zip Code: _____

Phone: _____

Senior Pastor: _____