Application for Worship Director / Pastor



Shelton FIRST BAPTIST CHURCH 428 W. Cota St. Shelton, WA. 98584

/ / Application Date

Qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran status, or the presence of a non-job prohibitive medical condition or handicap.

GEI	NERAL INFORMATION:							
Nam	ne: Last	First		M.I	DOB _	1	1	
	ing Address:							
City			_State		Zip			
Mob	il Phone: (<u>)</u>		Other Phone: (
EMF	PLOYMENT, EDUCATION & S	SKILLS:						
Are	you currently employed? D Y	∕es □ No						
Doe	s your current employer know tha	at you are applyin	g at Shelton FB0	C? 🗆	Yes □ N	lo		
☐ Please include a detailed list of your education and previous employment on your resume.								
☐ Please submit additional items that will help us get to know you and your ministry such as: video of a service that you planned and executed; audio/video clips of you leading musical worship; a selection of songs you've written and performed; a chord chart or arrangement that you created; a list of your favorite bands, including non Christian music; any other creative art or media you've worked on.								
SPII	RITUAL BACKGROUND, PHII	LOSOPHY OF N	//INISTRY & CH	HARA	CTER			
	Please include a summary of you	ur faith story (one	page max).					
	Please share your philosophy of musical worship (one page max).							
	☐ Please include a list of references with your application, describing your relationship length and context.							
PEF	RSONNEL RECORD:							
This	application must be completed	I by anyone seel	king employmen	t at th	e Shelton F	irst Baı	ptist Church	

Some of these questions are required by legal/judicial precedent in actions taken against churches where liabilities were determined due to incomplete screening of staff members. Please help us by answering ALL

If yes, DL#____

questions asked. All information will be kept CONFIDENTIAL.

Do you have a current driver's license? ☐ Yes ☐ No

Please indicate your marital status: ☐ Single ☐ Marr	ied □	Divorced □ Widowed						
If married, please give spouse's name:		_ls spouse a believer? □ Yes □ No						
Do you have Children? ☐ Yes ☐ No If yes, ple	ase list n	names, age / grade below.						
Name:	Age:	Grade:						
Name:	_Age:	Grade:						
Name:	Age:	Grade:						
Name:	Age:	Grade:						
Name:	Age: _	Grade:						
I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment, if it becomes a fact, is for an indefinite period and may, regardless of the date of payment of my wages and salary, be terminated by me or by the First Baptist Church at any time with or without notice or cause. I authorize any references or churches listed in this application to give you information (including opinions) that they may have regarding my character and fitness for work. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf. I understand that beyond specific job responsibilities, all staff are expected to be able to assist in elementary spiritual counsel, to freely share the plan of salvation with inquirers, and that evidences of rejection of the biblical principles of the First Baptist Church would be cause for dismissal. Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.								
Applicants signature:		Date://						