

**FIRST BAPTIST CHURCH OF JEFFERSONTOWN  
APPLICATION FOR SENIOR PASTOR**

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**PERSONAL INFORMATION**

Name:			
Last	First	Middle	
Address:			
Street	(Apt)	City/State	Zip
Contact Information:			
Home Telephone	Mobile Telephone	Email	
How did you learn about our search for a Senior Pastor?			

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Are you currently a Pastor or employed at a church? PASTOR: yes \_\_\_ no \_\_\_ /EMPLOYED: yes \_\_\_ no \_\_\_  
Please list church and position(s) under Christian/Church Experience.

Please list the ministries you are currently and actively involved in.

1)
2)
3)
4)
5)

Available Start Date: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

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**EDUCATION**

High School & Location			
College or University & Location			
Specialized Training, Seminary, Trade School, etc.			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in your performance for the applied position.


**PROFESSIONAL EXPERIENCE**

Please list current position first. List positions back seven (7) years.

Dates Employed Start/End	Company/Church Name	Location	Position	Supervisor's Name & Number	Reason for Leaving

**CHRISTIAN/CHURCH EXPERIENCE (include Pastoring)**

Please list current position first. List positions back ten (10) years.

Dates Start/End	Church or Affiliation Name	Location	Position and Duties	Supervisor's Name & Number (if applicable)	Reason for Leaving

**REFERENCES**

**Please list names and phone number(s):**

Professional/Personal:
Professional/Personal:
Professional/Personal:

Are you currently a member of the First Baptist Church of Jeffersontown? Yes \_\_\_\_\_ No \_\_\_\_\_

# Permission to Obtain a Background and Credit Check

## CONFIDENTIAL INFORMATION

*This form authorizes First Baptist Church of Jeffersontown to obtain background and credit check information, and must be completed by the applicant. FBCJ will keep this completed form on file for at least two years after requesting a background check.*

I, \_\_\_\_\_, authorize First Baptist Church of Jeffersontown (FBCJ) to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include driving history, including any traffic citations; a social security number verification; present and former addresses; criminal/civil history records; credit check information; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject requested by FBCJ. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Electronic Signature (Please type name in space provided):	Date:
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### Identifying Information for Background Information Agency

*(also known as “Consumer Reporting Agency”)*

Name:			
Last	First	Middle	
Other Names Used (alias, maiden, nickname):			
Current Address:			
Street	(Apt)	City/State	Zip
Former Addresses previous 7 years:			
Street	(Apt)	City/State	Zip
Former Addresses previous 7 years:			
Street	(Apt)	City/State	Zip
Former Addresses previous 7 years:			
Street	(Apt)	City/State	Zip
Former Addresses previous 7 years:			
Street	(Apt)	City/State	Zip
Other States Lived in Past 7 years:			
Social Security Number:		Driver's License Number & State Issued:	
Date of Birth:		Gender:	
Daytime Telephone Number:		Evening Telephone Number:	