



## **Instructions on Submitting a Job Application**

On behalf of Dr. Melvin O. Marriner, thank you for your interest in employment at Grove Church. Due to the nature of confidential information enclosed in applications, the following instructions are provided to ensure that your personal information remains confidential.

**Submitting In Person:** Place the application and all required documents in a sealed envelope addressed to the Assistant to the Minister of Administration. Applications are accepted at Grove Church Offices on Monday-Friday from 9:00a.m.-5:00p.m.

**Submitting Via Fax:** Send the application and all required documents to (757) 673-0522. Include a cover sheet addressed to the Assistant to the Minister of Administration labeled, confidential information attached”.

**Submitting Via Email:** Send the application and all required documents to [mcurry@grovechurchva.com](mailto:mcurry@grovechurchva.com).

**Submitting Via Mail:** Mail the application and all required documents to:

**Grove Baptist Church**  
**Attn: Administration/Human Resources**  
**P.O. Box 6219**  
**Portsmouth, Va. 23703**

**If you have any additional questions, please contact the Dept. of Administration at (757) 967-9618.**



**PERSONAL DATA**

Last:	First:	Middle:	Initial:	Social Security Number:
Address:				
City:	State:	Zip:	Telephone:	
Email:	Date of Birth:			

**DESIRED EMPLOYMENT**

Position:	Date You Can Start:	Desired Salary:
Are You Currently Employed:	If Employed, May We Inquire of Your Current Employer:	Are you eligible to work in the U.S.?
Have You Applied to This Church Before:	If so, when:	
Type of Work Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	If hired, can you provide evidence that you are authorized and of legal age to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EDUCATION: Attach duplicates of listed degrees, certifications etc.**

High School:	Name & Location of School:
	Years Attended: (Diploma/Degree)      Date Graduated / Grade Completed:
University/College Undergraduate:	Name & Location of School:
	Years Attended: (Diploma/Degree):      Date Graduated / Grade Completed:
University/College Graduate:	Name & Location of School:
	Years Attended: (Diploma/Degree):      Date Graduated / Grade Completed:
Trade, Business or Correspondence School:	Name & Location of School:
	Years Attended: (Diploma/Degree):      Date Graduated / Grade Completed:

**EMPLOYMENT HISTORY: List all jobs and contracts held by you during the past five continuous years. Also list current contact information.**

Employer:	Job Title:
Address:	Duties:
Phone:	
May we contact this employer? Y/N	Salary:
Date From:	Date To:
	Reason for Leaving:
Employer:	Job Title:
Address:	Duties:
Phone:	Salary:
Date From:	Date To:
	Reason for Leaving:
Employer:	Job Title:

Address:	Duties:
Phone:	
May we contact this employer? Y/N	Salary:
Date From:	Date To:
	Reason for Leaving:

**ADDITIONAL EMPLOYMENT HISTORY: PLEASE WRITE ON BACK OF APPLICATION**

**CHURCH LIFE**

Name of Church you attend	Are you are a member? ___Yes ___No	Are you active? ___Yes ___No
Address:		
Pastor's Name:		
Ministries / programs in which you are active:		
Ministry Contact Person's and Phone Number (someone who knows your work):		

**CRIMINAL HISTORY**

Have you been convicted of a felony or misdemeanor: ___ Yes ___ No
Do you currently have any criminal actions pending in which you are a Defendant? ___ Yes ___ No
Are you currently on probation or parole? ___ Yes ___ No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

**REFERENCES: SUPERVISORS ONLY: all information must be completed for each listed reference. Personal references will not be considered.**

Name	Occupation
Address:	Relationship
Phone Number:	Years Known:
Name	Occupation
Address:	Relationship
Phone Number:	Years Known:
Name	Occupation
Address:	Relationship
Phone Number:	Years Known:

**PHYSICAL RECORD**

Do you have any physical disabilities that interfere with you performing the work for which you are applying? If so, describe:		
Have you ever been injured?	Provide Details:	
In case of emergency notify: Name:	Address:	Phone:

