

# THE BRANCH

## COLLEGE OF MINISTRY

### APPLICATION FOR FACULTY POSITION

Full-Time Faculty \_\_\_\_\_

Title of Position Applying For (or Subjects)

Name: \_\_\_\_\_  
Last First M.I.

Current Mailing Address:

\_\_\_\_\_  
Street Apt. No. City State Zip Code

Telephone Number: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

#### For Office Use Only

Date Application Received: \_\_\_\_\_ Interviewed: \_\_\_\_\_

Transcript Received: Copy: \_\_\_\_\_ Official: \_\_\_\_\_

COMMENTS:

RECOMMENDED RANK AND STEP PLACEMENT: \_\_\_\_\_

**I. EDUCATION AND TRAINING**

Academic

Beginning with your present or most recent educational experience, list all schools you attended beyond Grade 12:

School Name and Address	Major Field of Study/Minor	Type of Degree Received	Date Received (month/year)

**II. OCCUPATIONAL EXPERIENCE HISTORY**

A. Teaching Experience

Beginning with your present or most recent teaching experience, list your teaching experience. If additional space is required, continue on a separate sheet and attach.

School Name and Address	Position Title	Full-Time/Part-Time %	Date (MO/Yr to Mo/Yr)	Number of Credits Taught (semester/quarter)


**B. Other Professional Experience**

Beginning with your present or most recent job, experience, other than teaching, provide the information below. If additional space is required, continue on a separate sheet and attach.

Employer	Address
Supervisor's name/Title	Your Title
Full-Time From _____ to _____ (Mo/Yr) (Mo/Yr) Hrs/Week _____	Full-Time From _____ to _____ (Mo/Yr) (Mo/Yr) Hrs/Week _____
Beginning Salary: \$	Ending Salary: \$

Reason(s) for Leaving:

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Description of Duties and Responsibilities:

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Employer	Address
Supervisor's name/Title	Your Title
Full-Time From _____ to _____ (Mo/Yr) (Mo/Yr) Hrs/Week _____	Full-Time From _____ to _____ (Mo/Yr) (Mo/Yr) Hrs/Week _____
Beginning Salary: \$	Ending Salary: \$

Reason(s) for Leaving:

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Description of Duties and Responsibilities:

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Employer	Address
Supervisor's name/Title	Your Title
Full-Time From _____ to _____ (Mo/Yr) (Mo/Yr) Hrs/Week _____	Full-Time From _____ to _____ (Mo/Yr) (Mo/Yr) Hrs/Week _____
Beginning Salary: \$	Ending Salary: \$

Reason(s) for Leaving:

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Description of Duties and Responsibilities:

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**III. PUBLICATIONS, RESEARCH AND OTHER CREATIVE ACTIVITIES**

Title	Co-Authors	Title of Journals of Other Publications and Date	Publisher and Date (Books Only)

**IV. PERTINENT SPECIAL QUALIFICATIONS**

List, as appropriate, membership in professional societies, community service, activities, honors, awards, fellowships, etc.


**V. CURRENT REFERENCES**

List below the names and addresses of those who will send letter of reference and/or who may be contacted regarding your application:

Name in Full	Position	Email Address	Telephone Number

APPLICANTS MAY SUBMIT OTHER MATERIALS (papers, writings, statements, etc.) WHICH MAY BE OF ASSISTANCE IN EVALUATING THEIR QUALIFICATIONS.

ALL REQUESTED DOCUMENTS AND INFORMATION BECOME THE PROPERTY OF THE RESPECTIVE COLLEGE. FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS SHALL DEEM AN APPLICATION INCOMPLETE AND WILL NOT BE CONSIDERED.

**VI. CERTIFICATION OF APPLICANT AND RELEASE OF EMPLOYMENT INFORMATION**

Please Read Carefully Before Signing

A. I hereby certify that the information contained in this application is true, correct, and complete. I agree and understand that any false or misleading statements or omissions made in this application or interview(s) are grounds for disqualification from further consideration or for dismissal from employment, regardless of when and how discovered. Additionally, information that cannot be officially verified may be a basis for not hiring me for employment with The Branch College of Ministry.

B. I understand that failure to provide requested application information on a timely basis may deem my application to be incomplete.

C. I understand that, if selected, I must present documentary evidence to verify my employment eligibility, pursuant to the Immigration Reform and Control Act of 1986.

D. I understand and agree that The Branch College of Ministry may make a full and complete investigation of my personal or employment history, and authorize any current or former employer, person, firm, corporation, school, government agency, or other entity to provide The Branch College of Ministry with any information (including fact or opinion) they may have regarding me. In consideration

of The Branch College of Ministry's review of this application, I release The Branch College of Ministry and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree that any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by The Branch College of Ministry. If employed by The Branch College of Ministry, I further authorize The Branch College of Ministry to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer.

E. I agree that The Branch College of Ministry as permitted by state law, may inquire into and consider any criminal conviction record that I may have. This includes, but is not limited to, The Branch College of Ministry considering any criminal conviction record that I may have after it makes a conditional offer of employment. The college may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered, except as permitted by law.

F. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform The Branch College of Ministry of any agreements that would limit my ability to work for The Branch College of Ministry. Photocopies of this authorization for the release of information shall have the same power and effect as an original.

AUTHORIZATION SIGNATURE OF APPLICANT: \_\_\_\_\_

Date: \_\_\_\_\_