

# FIRST CONSERVATIVE BAPTIST CHURCH

12021 Old St. Augustine Road  
Jacksonville, FL 32258  
1-800-GO-BIBLE (Admissions Only)

## Application of Employment

### Personal Information

Name (last, first, middle) \_\_\_\_\_ Alias/Nickname/Maiden name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Current Mailing Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Message Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_  
Name of Spouse (if applicable) \_\_\_\_\_ Is your spouse applying or currently attending CTU? \_\_\_\_\_

### Church Information

Date and details of your Personal Testimony of Salvation (use separate sheet if necessary)

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Name and mailing address of the church where you are currently an active member:

Church \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name of pastor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Date of membership \_\_\_\_\_ Denominational affiliation \_\_\_\_\_

## Ministerial/Employment Information

Are you a Minister of the Gospel? (Y/N)      Certification (if relevant)      Ordained      Licensed      Commissioned

### MINISTERIAL EXPERIENCE

Include all paid and volunteer positions and activities, including supply work, during the past 4 years. Use a separate sheet if necessary.

Church/Institution	Position	Location	Dates	Contact Person	Phone

### NON-CHURCH RELATED EMPLOYMENT

Employer	Position	Location	Dates	Supervisor	Phone

## Educational Information

Educational experience, include high school, college, university, graduate school, seminary, and professional training.

School/Institution	State	Years Attended	Credits Earned	Graduation	Degree Earned

## Application Information

Application for employment will be considered upon the satisfactory completion. Please fill in this application form and attached to following email address: [fcbc@conservative.edu](mailto:fcbc@conservative.edu) .

You may also mail the application package to:

**First Conservative Baptist Church  
12021 Old St. Augustine Road  
Jacksonville, FL 32258**

I certify that the information provided to Conservative Theological University is accurate and truthful.

### ELECTRONIC SIGNATURE

I, \*(Enter Your Name here: ) agree with the [Statement of Faith](#) and I am providing my electronic signature on this form to indicate my acceptance.  
Do you accept the **Statement of Faith** ? (Yes or No) \_\_\_\_\_

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