

## **Second Baptist Church Secretary Job Description**

### **Qualifications:**

1. Love for the Lord and a willingness to support the ministries of Our Church.
2. Proficient in Microsoft Office—especially Word and Publisher.
3. Knowledge of office equipment and machines.
4. Ability to give gracious assistance to staff, members, and guests of Second Baptist Church.
5. Ability to effectively communicate both verbally and in writing.
6. Ability to be well-organized.

### **Purpose:**

The secretary is accountable for effectively providing administrative assistance for the ministry staff and volunteers (20 hrs./wk., 5 days/wk.).

### **Duties and Responsibilities:**

1. Answer phone calls politely and direct calls to appropriate ministries and staff.
2. Organize recurring and incoming announcements for Our Church each week. Manage outside requested announcements as appropriate.
3. Distribute incoming mail, packages, and faxes.
4. Responsible for ordering of church materials, flowers, fruit baskets and plaques, when needed.
5. Assist members with the use of office equipment such as phones, fax, and copiers.
6. Maintain church files.
7. Mail bulletins to sick and shut in members.
8. Maintain church calendar and schedule of all activities and pastoral engagements.
9. Perform secretarial tasks such as typing minutes, preparing mailings, formatting brochures and bulletin graphics, etc.
10. Assist the Pastor when needed.
11. Maintain accurate membership data daily.
12. Prepare and distribute correspondence to visitors and for funerals.
13. Make sure all correspondence is promptly answered.
14. Secure the facility as necessary.
15. Monitor postal machine and maintain ready account balance.
16. Other duties as assigned by supervisor.

**Second Baptist Church  
3300 Broad Rock Boulevard  
Richmond, VA 23224**

**Employment Application**

**Applicant Information**

Applicant Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Current Address:  
Number and street \_\_\_\_\_  
City \_\_\_\_\_  
State & Zip \_\_\_\_\_

**Positions**

Position(s) applying for: \_\_\_\_\_

How did you hear about this position?

**Are you applying for:**

- Temporary part-time work – such as summer or holiday work? [ ] Y or [ ] N
- Regular part-time work? [ ] Y or [ ] N

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, when will you be available? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you work on the weekends? [ ] Y or [ ] N

Can you work evenings? [ ] Y or [ ] N

## Personal Information:

Have you ever applied to / worked for a church before? [ ] Y or [ ] N  
If yes, please explain (include date): \_\_\_\_\_

If hired, would you have transportation to/from work? [ ] Y or [ ] N

Are there any restrictions on your driving license and if so please explain { } Y or { } N

Are you over the age of 18? If under 18, do you have working papers? [ ] Y or [ ] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [ ] Y or [ ] N

If hired, are you willing to submit to and pass a controlled substance test? [ ] Y or [ ] N

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [ ] Y or [ ] N

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense.)*

## Education, Training and Experience

### High School:

School name: \_\_\_\_\_  
School address: \_\_\_\_\_  
School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_  
Did you graduate? [ ] Y or [ ] N  
Degree / diploma earned: \_\_\_\_\_

### College / University:

School name: \_\_\_\_\_  
School address: \_\_\_\_\_  
School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_  
Did you graduate? [ ] Y or [ ] N  
Degree / diploma earned: \_\_\_\_\_

### Vocational School:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_  
Did you graduate? [ ] Y or [ ] N  
Degree / diploma? : \_\_\_\_\_

## Additional Information

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?  
[ ] Y or [ ] N

If yes, please explain \_\_\_\_\_

## Employment History

Are you currently employed? [ ] Y or [ ] N

If you are currently employed, may we contact your current employer? [ ] Y or [ ] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: [ ] \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for references? [ ] Y or [ ] N

## References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name - First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

## Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

\_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

\_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

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

## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS VERIFICATION AND FINGERPRINT INFORMATION

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to obtain and/or request information about my criminal history and fingerprints from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last)	(First)	(Middle)
Address	City	State      ZIP Code
Other names used by applicant (if any):		
Date of Birth	Place of Birth	Social Security Number
Driver's License No.	Issuing State	License expiration date

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