

# *Christian Worker's Application*

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_-\_\_\_-\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_-\_\_\_-\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

POSITION REQUESTED: \_\_\_\_\_

REASON FOR APPLYING FOR POSITION: \_\_\_\_\_

PRIOR EXPERIENCE FOR POSITION REQUESTED: \_\_\_\_\_

REASON FOR LEAVING PRIOR POSITION: \_\_\_\_\_

HAVE YOU BEEN CHARGED OR CONVICTED OF A FELONY? IF SO, PLEASE GIVE DETAILS: \_\_\_\_\_

DO YOU ENGAGE IN ANY ACTIVITIES THAT IS CONTRARY TO OUR BELIEFS AS A CHURCH, SUCH AS, GAMBLING, USING ALCOHOL, OR LIVING WITH SOMEONE OUTSIDE OF MARRIAGE: \_\_\_\_\_

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ARE YOU FAMILIAR WITH OUR DOCTRINE AND CORE BELIEFS: \_\_\_\_\_

HAVE YOU EVER BEEN ACCUSED OF ANY TYPE SEXUAL MISCONDUCT? IF SO, PLEASE GIVE DETAILS: \_\_\_\_\_

HAVE YOU EVER BEEN ACCUSED OF HAVING ANY SEXUAL MISCONDUCT INVOLVING A CHILD UNDER AGE 18? IF SO, PLEASE GIVE DETAILS: \_\_\_\_\_

HAVE YOU EVER RECEIVED COUNSELING DUE TO AN INAPPROPRIATE ACTION TOWARDS ANOTHER MEMBER OR CHILD OF A CHURCH OR DAYCARE? IF SO, PLEASE GIVE DETAILS: \_\_\_\_\_

IF APPYING FOR A POSITION INVOLVING CHILDREN, HAVE YOU EVER WORKED WITH CHILDREN BEFORE. PLEASE GIVE DATES AND POSITIONS: \_\_\_\_\_

LAST CHURCH ATTENDED. PLEASE INCLUDE ADDRESS AND NAME OF PASTOR: \_\_\_\_\_

LAST CHURCH ATTENDED PRIOR TO LAST CHURCH. PLEASE INCLUDE ADDRESS AND NAME OF PASTOR: \_\_\_\_\_

ANY REASON WHY A PREVIOUS PASTOR WOULD NOT RECOMMEND YOU?

IF SO, PLEASE FURNISH REASONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES: PLEASE FURNISH CONTACT INFORMATION: NAMES, PHONE NUMBERS, AND ADDRESSES.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE INFORMATION GIVEN WILL BE USED FOR THE PURPOSE OF SCREENING APPLICANTS. AS A CHURCH, WE HAVE A DUTY TO PROTECT EVERYONE ATTENDING OUR SERVICES AND/OR ACTIVITIES.

WITH YOUR SIGNATURE BELOW, YOU AGREE THAT ALL STATEMENTS GIVEN BY YOU ARE TRUE AND ENTIRE. YOUR SIGNATURE GIVES THE CHURCH PERMISSION TO CONTACT ANY PRIOR CHURCH, PASTOR, AND REFERENCE. YOUR SIGNATURE BELOW ALSO GIVES THE CHURCH PERMISSION TO RUN A BACKGROUND CHECK ON YOURSELF TO ENSURE THE SAFETY AND PROTECTION OF ALL PARTIES ATTENDING OUR CHURCH.

I GIVE PERMISSION FOR THE CHURCH TO RUN A BACKGROUND CHECK ON MYSELF AND TO CHECK OUT ANY REFERENCES AND EXPERIENCES.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## REFERENCES

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship (If any): \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship (If any): \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship (If any): \_\_\_\_\_

## MAIL/FAX REFERENCE FORM

Name of Reference: \_\_\_\_\_

### Interview Questions:

1. What capacity did you know the applicant? \_\_\_\_\_

\_\_\_\_\_

2. What position(s) did they hold? \_\_\_\_\_

\_\_\_\_\_

3. How long have you known applicant? \_\_\_\_\_

4. Was applicant's service satisfactory or unsatisfactory? \_\_\_\_\_

5. If applicant is no longer working with your organization, why did they leave?

\_\_\_\_\_

\_\_\_\_\_

6. Based upon the knowledge/experience/character of applicant, would you recommend applicant?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Unsure

7. Any additional comments regarding client and/or suitability to perform services with our organization? If so, please list below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date