



# **GRACE COMMUNITY CHURCH & SEEDS OF GRACE WORKER APPLICATION**

This application is to be completed and signed by all applicants for any position involving the supervision or custody of minors, and working with children or youth. This application is being used to assist in providing a safe and secure environment for the programs of this facility. All applications must be physically turned in. Online submissions will not be considered.

### **APPLICANT INFORMATION**

Date: Dat	e Available:				
Name:					
Address:					
City:	State:		_ Zip:		
Phone: ()					
Email Address:		Are you 18 years	or older? _	YES	NO
Position Applied for:			_ Desired Sala	ry :\$	
Present Employer:					
May we contact your present Empl	oyer?YES	NO Work Phone	e: ()		
Are you a citizen of the US?Y	'ES NO				
If not, are you authorized to work in	n the US? Y	ES NO			
Have you ever worked for this comp	pany? YES	NO If so, w	vhen?		
Have you ever been convicted of a	felony? YES	NO			
If yes, please explain:					

Do you agı	ree to abio	le by the NO	SMOKING	policy wh	ich prohil	bits any	smoking	on the pr	emises or
otherwise	during wo	rk hours?	YES _	NO					
Have you ι	used illega	l drugs in the	e last five (5	5) years?	YES		NO		
List any tra	nining, edu	cation, and	experiences	s etc. that	have pre	pared y	ou for thi	s type of	work:
What age	group do y	ou desire to	work with	?					
Infant	ts	Toddler _	2-year-c	olds	3-year-c	olds _	4-yea	r-olds _	5-year-old
AVAILABIL	ITY								
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Certification: Type	e/Field:	Issued By:	Date:
First Aid Training:	Date Received:I	ssuing Agency:	
REFERENCES			
Professional refer	ences: (Do not list relatives)		
Name	Phone	Title	Years Kı
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Pastoral Reference	d addresses of the churches you	astor, Ministerial Supervisor)	

## **EMPLOYMENT HISTORY**

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

1.) Company:				
Address:	City:	State:	_ Zip:	
Phone: ()	Position:			
Supervisor:		Dates worked: From:_		To:
Rate of Pay:	Reason for leaving:			
2.) Company:				
Address:	City:	State:	_ Zip:	
Phone: ()	Position:			
Supervisor:		Dates worked: From:_		To:
Rate of Pay:	Reason for leaving:			
3.) Company:				
Address:	City:	State:	_Zip:	
Phone: ()	Position:			
Supervisor:		Dates worked: From:_		To:
Rate of Pay:	Reason for leaving:			

### APPLICANT DISCLOSURE STATEMENT

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by Child Protective Services Law within the preceding five (5) years. I understand that I must be dismissed if I have been named as a perpetrator of a founded crime, report of child abuse in the past or have been convicted of a crime.

I swear/affirm that I have not been convicted of a crime.

I understand as a provisionally hired employee I must work within the oversight of an existing employee.

I understand that the information set forth in this document is true and correct. I understand that the penalty for false swearing, or making false statements, is an issue for immediate dismissal.

Signature:	Date:
Witness:	Date:

### **APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in the application to give you any information they may have regarding my character and fitness for children/youth work. I further authorize Seeds of Grace to utilize the information contained in this application to conduct a reasonable investigation of my background, suitability and fitness for children/youth work at Seeds of Grace.

I hereby release the references provided herein and Seeds of Grace from liability for any damage that may result from furnishing such evaluations to Seeds of Grace and I waive the right that I have to inspect the references I provided on your behalf.

Should my application be accepted, I agree to be bound by the Statement of Faith, Code of Discipline, religious tenets, Constitution, By-Laws, and all written policy and procedures of Seeds of Grace and Grace Community Church, and to refrain from all unscriptural conduct in the performance of my services to or for the benefit of Grace Community and Seeds of Grace.

Signature:	Date:
Witness:	Date: