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• Confidential •

Application For Employment

STONECROFT MINISTRIES IS AN EQUAL EMPLOYMENT OPPORTUNITY ORGANIZATION

PERSONAL	Last Name	First	Middle	Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Street Address			Home Phone () ()
	City, State, Zip			Mobile/other number () ()
	E-mail			Social Security No.
	Have you ever applied for employment with us before? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes: Month and Year			
	Position Desired: _____			
	Are you available for full-time work? YES <input type="checkbox"/> NO <input type="checkbox"/> Number of hours per week desired _____			
	Are you legally eligible for employment in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> (If hired, you will be asked to provide proof of citizenship or immigration status)			
	If accepted, when would you be available to begin work?			
	How did you learn of Stonecrock Ministries?			

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College			13 14 15 16	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please describe any specialized training, apprenticeships, skills, honors, licenses, or other information you would consider helpful to us.

Employment Record

Please give an accurate, complete, full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (Month and year) From To
	Name of Supervisor	Ending salary or hourly rate
	Title and Description of Work	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed (Month and year) From To
	Name of Supervisor	Ending salary or hourly rate
	Title and Description of Work	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed (Month and year) From To
	Name of Supervisor	Ending salary or hourly rate
	Title and Description of Work	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed (Month and year) From To
	Name of Supervisor	Ending salary or hourly rate
	Title and Description of Work	Reason for leaving

Please attach a list or resume of additional employers.

We may contact the employers listed above unless you indicate those you do not want us to contact.	PLEASE DO NOT CONTACT
Employer Number(s) _____ Reason _____ _____	_____ _____

Seminars and/or professional workshops attended: (Please give date attended) _____

Statement of Faith

Please state your beliefs and supporting Scripture reference(s) for each of the following. Use a separate page if preferred.

THE BIBLE:

THE TRINITY (God, Jesus Christ, the Holy Spirit and the role of each):

JESUS CHRIST (His birth, death, and resurrection):

SALVATION (Why and how):

THE DESTINY OF THE SAVED AND THE LOST:

THE EVANGELIZATION OF THE WORLD:

THE SECOND COMING OF CHRIST:

I believe the Lord is leading me to apply to Stonecroft Ministries.

Signature of Applicant

Date _____

Training and Experience

Please read the following list carefully. Use a checkmark to indicate those areas where you have had experience or training.

- | | | |
|---|---|--|
| <input type="checkbox"/> Management | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Printing | <input type="checkbox"/> Food Services |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Photography | <input type="checkbox"/> Computer Applications |
| <input type="checkbox"/> Typing _____WPM | <input type="checkbox"/> Audio/Video Production | <input type="checkbox"/> Microsoft Word |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Sales | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Teaching | <input type="checkbox"/> Microsoft Access |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Microsoft Outlook |
| <input type="checkbox"/> Secretarial | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Microsoft PowerPoint |
| <input type="checkbox"/> Mail Sorting | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Plumbing | _____ |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Electrical | _____ |
| <input type="checkbox"/> Proofreading | <input type="checkbox"/> Landscaping | _____ |
| <input type="checkbox"/> Feature Writing | <input type="checkbox"/> Warehouse | _____ |

Please list any specifics about the above items that might be helpful, such as proficiency level.

General Information

What kind of work setting is best for you? _____

When would it be possible for you to visit Stonecroft for an interview? _____

Have you been convicted of a misdemeanor or felony crime? YES NO

If yes, explain _____

Is there any reason you might be unable to perform the duties of the position for which you are applying? YES NO

If yes, explain _____

Personal References (please do not list relatives)

NAME	Years Known	Phone
1.		
2.		
3.		
4.		



Agreement

To the best of my knowledge, the answers to all of the questions herein are true and correct. I understand that any misstatements or omission of material facts on this application may be cause not to be considered for employment or dismissal, if employed. I recognize that as a condition of my employment, I may be required to consent to a criminal records check, and consent to do so.

I permit Stonecroft Ministries to contact personal or employment references listed herein to gain information that will be used to determine my qualifications for employment. I release such parties from damages of any nature by reason of them supplying information to Stonecroft Ministries, Inc.

I understand that if employed I will be required to abide by all company policies, standards, and regulations. I understand that this is an application for employment and no employment contract is being offered. I understand that if employed, either Stonecroft or I may terminate my employment at any time with or without notice or cause.

_____ Date _____
Signature of Applicant

Please note: All applications are kept on file for 12 months.