



Confidential Application for Employment

10561 Barkley, Suite 500
Overland Park, KS 66212
phone: 913.766.9100 or 800.525.8627
fax: 913.766.9102
stonecroft.org

Stonecroft Ministries, Inc.
is an equal employment
opportunity organization

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

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				<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 complete résumé.

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

Seminars and/or professional workshops attended in the last five years: _____



Stonecroft is a Christian organization with a heart for women to know God and grow in their relationships with Him. We're a nondenominational, non-profit organization providing global leadership in reaching women for Jesus Christ.

Because of the unique nature of our ministry, it is important that those who serve with us are compatible with our Christian ministry, guidelines, and policies.

Please take a moment to answer the following questions, which will help us in evaluating our compatibility. Thank you for sharing your thoughts with us.

Are you presently attending a church? Yes No

If yes, what is the name and phone number of the church? _____

What is your pastor's name? _____

What is your involvement at your church? _____

When and how did you accept Jesus Christ as your Savior and Lord? _____

Statement of Faith

Please state your beliefs for each of the following and support them with a scripture verse. Use a separate document, if preferred.

What is the Bible and what is its authority?

Who are Jesus Christ and the Trinity?

What is “salvation”?

How does a person receive “salvation”?

I believe the Lord is leading me to apply for employment with Stonecroft.

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"/> Photography |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Audio/Video Production |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Typing _____ WPM | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Computer Applications |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Microsoft Word |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Mail Sorting | <input type="checkbox"/> Microsoft Publisher |
| <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Microsoft Outlook |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Microsoft PowerPoint |
| <input type="checkbox"/> Proofreading | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Feature Writing | _____ |
| <input type="checkbox"/> Graphic Design | _____ |
| <input type="checkbox"/> Printing | _____ |

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? _____

Personal References (Please do not list relatives)

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

Agreement

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

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 further understand that my employment relation with the Company is terminable at will for any reason by either party, at any time.

This Company is an equal employment opportunity employer. Thank you for completing this application form and for your interest in our business.

Signature of Applicant

Date