

LIFE CHALLENGE OF SOUTHEASTERN MICHIGAN

INTERNSHIP/EMPLOYMENT APPLICATION/RESUME - "STRICTLY CONFIDENTIAL"

Please print in ink or type when completing this form - Thank you.

Position Applied For: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

(Residence)

(Message)

(Work)

Male Female Weight: _____ Height: _____ Birth Date: _____ Age: _____

Driver's License: _____ Social Security: _____

Do you have a valid driver's license? Yes No If the answer is No, please explain:

AVAILABILITY

Full-time Part-time Either Internship _____

When would you be available? _____

Minimum length of commitment _____

EDUCATION AND FORMAL TRAINING

Do you have a high school diploma? Yes - list name, location

(School)

(Location)

Do you have a GED Certificate? No - list highest grade completed _____

Yes No

SPECIAL LICENSES AND CERTIFICATES

1. _____

2. _____

3. _____

RACE/ETHNIC BACKGROUND (Please check only one)

- | | | |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Cuban | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> African American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Other _____ | |

Are you an American Citizen? Yes Native Naturalized No Explain _____

SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED

College Name and Location	Fields of Study or Titles of Special Courses	Certificates or Degrees Granted	Hours Completed Sem. Qtr.	Date Granted
	Major:			
	Minor:			
	Major:			
	Minor:			
	Major:			
	Minor:			
	Major:			
	Minor:			

Business or Trade Schools - Name and Location	From		To		Full Time	Part Time	Subjects	Length of Course	Completed
	Mo.	Yr.	Mo.	Yr.					

EMPLOYMENT HISTORY

Please list below your work experience, paid or unpaid, beginning with your present or most recent employment. Go back at least ten years if employed that long. Describe each job separately, emphasizing your specific tasks and supervisory, technical, or other responsibilities performed. Give special attention to work experience relating to the position for which you are applying. Explain significant breaks in work experience. If the space provided for DUTIES is inadequate, please attach additional sheets.

Employer _____ Address _____

Your Title _____ Supervisor's Name and Telephone _____

From _____ To _____ Total Time _____
 (Month/Year) (Month/Year) (Years) (Months)

Full-Time Part-Time Other _____ Paid Unpaid

Starting Salary \$ _____ Last Salary \$ _____
 (Monthly) (Monthly)

Reason for Leaving _____ May we contact this employer? Yes No

Duties (Be specific) _____

Comments: _____

Employer	Address
Your Title	Supervisor's Name and Telephone
From _____ To _____	Total Time _____
(Month/Year)	(Month/Year)
(Years)	(Months)
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other _____ <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
Starting Salary \$ _____	Last Salary \$ _____
(Monthly)	(Monthly)
Reason for Leaving _____ May we contact this employer? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	
Duties (Be specific) _____	

Comments: _____	

Employer	Address
Your Title	Supervisor's Name and Telephone
From _____ To _____	Total Time _____
(Month/Year)	(Month/Year)
(Years)	(Months)
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other _____ <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
Starting Salary \$ _____	Last Salary \$ _____
(Monthly)	(Monthly)
Reason for Leaving _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties (Be specific) _____	

Comments: _____	

PREVIOUS CRIMINAL OR CIVIL LIABILITY

NOTE: The questions in this section are designed to help Life Challenge make an informed decision concerning your application for employment. Answering "yes" to any of the following questions will not necessarily disqualify you from employment. False or incomplete answers will be grounds for immediate dismissal.

- 1. Have you ever been convicted of a crime (excluding minor traffic offenses)? Yes No If yes, explain fully on a separate sheet of paper.
- 2. Have you ever been accused of, engaged in, or investigated for any sexual misconduct involving a minor or adult, including but not limited to child abuse, child molestation, indecent liberties with a child, incest, adultery, sexual harassment, rape, assault, battery, murder, kidnapping, child pornography, sodomy, or sexual contact with a counselee? Yes No If yes, explain fully on a separate sheet of paper. (Identify when and where each accusation was made and how each accusation was resolved.)
- 3. Have you ever been convicted of, or plead guilty or "no contest" to any criminal offense? Yes No If yes, explain fully on a separate sheet of paper. (Identify each conviction or plea of guilty, when and where each incident occurred, and the sentence received.)
- 4. Have you ever been found liable, or participated in an out-of-court settlement as a defendant for any offense in a civil lawsuit? Yes No If yes, explain fully on a separate sheet of paper. (Identify each case, when and where each incident occurred, and the outcome.)
- 5. Has any employer with whom you have been employed at any time in the past ever been sued as a result of your conduct? Yes No If yes, explain fully on a separate sheet of paper. (Identify each case, when and where each incident occurred, and the outcome.)
- 6. Have you ever resigned from, or been dismissed from any ministerial position with any church or religious institution? Yes No If yes, explain fully on a separate sheet of paper. (Identify each case, when and where each incident occurred, and the outcome.)
- 7. Have you ever been subject to discipline by a religious body? Yes No If yes, explain fully on a separate sheet of paper. (Identify each case, when and where each incident occurred, and the outcome.)

DOCTRINE

- 1. Have you fully considered the Statement of Fundamental Truths adopted by The General Council of the Assemblies of God? Yes No

- 2. Do you fully subscribe to the Statement of Fundamental Truths? Yes No

Have you ever experienced or presently have a physical ailment, injury, handicap or condition that would prevent you from performing certain types of work related tasks while being involved with Life Challenge? Yes No

If the answer is yes, please explain: _____

Are you presently receiving disability? Yes No

If the answer is Yes, please explain: _____

REFERENCES

(1) Pastor's Name _____

(Street Mailing Address)

(City, State, and Zip)

Phone: (_____) _____

(1) Employer's Name: _____

(Street Mailing Address)

(City, State, and Zip)

Phone: (_____) _____

(1) Friend's Name: _____

Relationship _____

(Street Mailing Address)

(City, State, and Zip)

Phone: (_____) _____

SPIRITUAL HISTORY

Are you a member of any church or religion? _____ Which one? _____

Are you born-again? _____ Filled with the Holy Spirit? _____

What are your spiritual gifts? _____

CHURCH

Name of church you attend _____ Pastor _____

(Street Mailing Address)

(City, State, and Zip)

Phone: (_____) _____

On a separate sheet of paper, briefly describe why you are desirous of internship/employment with Life Challenge.

APPLICANT'S STATEMENT

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge, I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with Life Challenge terminated.

I hereby authorize those references, churches, businesses, and employers listed herein, unless otherwise noted, to provide any information, records, etc., they may have regarding my character, moral integrity, and fitness for working with Life Challenge. I also hereby release those references, churches, businesses, and employers listed herein, unless otherwise noted, who provide any information, records, etc., regarding my character, moral integrity, and fitness for working with Life Challenge, from any liability or damages resulting from such disclosure to Life Challenge.

Should my application be accepted, I hereby agree to abide by the Constitution and Bylaws and program policies and procedures of Life Challenge, and to refrain from immoral conduct in the performance of my services and duties on behalf of Life Challenge.

I understand and accept that a condition of my employment is execution of the Christian Conciliation Agreement.

I understand Life Challenge may terminate our relationship at any time for any reason.

SIGNATURE _____

Date _____

WITNESS _____

Date _____