

Christian Worker's Application

Community Family Church

Please Print Legibly

Ministry for which you are applying: _____

Full Name: _____

Address: _____

Phone: _____ E-mail: _____ Social Security #: _____

Sex: Male Female Date of Birth: _____ Are you a U.S. citizen? Yes No

Marital Status: Never Married Married Remarried Separated Divorced Widowed

Full Name of Spouse: _____ Number of Children: _____

Do you speak any foreign languages? Yes No Please List: _____

Formal Education:

Where Did You Attend?

Circle Highest Grade

High School: _____ 9 10 11 12

Bible College: _____ 1 2 3 4

College: _____ 1 2 3 4

Other: _____

List all occupations, both full & part-time, including employer's name(s) and business address(es):

1. _____

2. _____

3. _____

4. _____

Driver's License #: _____ State Issued: _____ Expiration Date: _____

Do you have a C.D.L. license with passenger endorsement? Yes No

Are you presently on high-risk insurance? Yes No

Personal Commitment

Date of Salvation: _____

Have you been baptized in water by immersion? Yes No When? _____

Have you received the baptism of the Holy Ghost according to Acts 2:4? Yes No

When? _____

Have you prayed earnestly about this position? Yes No

What are the primary goals you wish to accomplish during a one-year period in this position?

1. _____

2. _____

3. _____

Spiritual Experience

Check the Ministries in Which You Have Been Involved:

- | | |
|--|---|
| <input type="checkbox"/> Praying for the sick | <input type="checkbox"/> Pastor |
| <input type="checkbox"/> Laying on of hands for the baptism of the Holy Ghost | <input type="checkbox"/> Deacon |
| <input type="checkbox"/> Casting out of devils | <input type="checkbox"/> Education |
| <input type="checkbox"/> Counseled or advised a family with a juvenile child | <input type="checkbox"/> Music |
| <input type="checkbox"/> Comforted a family in death | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Hospital visitation | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Travail for the lost | <input type="checkbox"/> Kitchen help |
| <input type="checkbox"/> Performed weddings | <input type="checkbox"/> Banking/Financial experience |
| <input type="checkbox"/> Taken part in funeral service | <input type="checkbox"/> Sunday School |
| <input type="checkbox"/> Led water baptismal service | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Led a communion service | <input type="checkbox"/> Youth Camp |
| <input type="checkbox"/> Conducted, planned, & organized house prayer meetings | <input type="checkbox"/> Missionettes |
| <input type="checkbox"/> Master of Ceremonies for: benefit singing, play, etc. | <input type="checkbox"/> Royal Rangers |
| <input type="checkbox"/> Senior citizen's home | <input type="checkbox"/> Teaching: |
| <input type="checkbox"/> College campus | <input type="checkbox"/> Children |
| <input type="checkbox"/> Jail ministry | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Missions (overseas) ministry | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Street witnessing | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Distribution to poor & needy | <input type="checkbox"/> Other: _____ |

What do you feel are the three most important disciplines of a Christian?

1. _____
2. _____
3. _____

Briefly describe your feelings toward the following:

Tithing: _____

Church Attendance: _____

Submitting to Authority: _____

Doctrinal Commitment

Do you accept the church's declaration of faith? Yes No

Practical Commitment

Please check if you adhere to the church's standard of holiness on a personal basis toward:

- Total abstinence from all liquor and strong drink
- The use of tobacco in any form, including opium, morphine, etc.
- Acknowledging the first day of the week as "The Lord's Day" and giving it special respect
- Modest apparel

- The outward appearance of male and female Christians to be easily distinguished in relation to their sex
- Moderation of jewelry, dress, make-up, etc.
- Members attending dances and other ungodly amusements
- Members going swimming with the opposite sex, other than immediate family (as a church function)
- Members swearing
- Members setting anything evil before their eyes (HBO, Cinemax, The Movie Channel, etc.)

Additional Information

(If you prefer not to have the following information documented, you may speak with the Administrator.)

Do you use illegal drugs? Yes No

Have you ever been convicted of a criminal offense? Yes No

If yes, please explain: _____

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain: _____

Have you ever been convicted or charged with child abuse or of a crime involving actual or attempted sexual molestation of a minor? Yes No

If yes, please explain: _____

Were you a victim of abuse or molestation while a minor? Yes No

Is there any other fact or circumstance involving you, or your background, that would call into question your being entrusted with supervision, guidance, and care of children or young people? Yes No

If yes, please explain: _____

References

(Please provide contacts other than family members)

Name: _____

Address: _____

Phone: _____ Relationship to Applicant: _____

Name: _____

Address: _____

Phone: _____ Relationship to Applicant: _____

Name: _____

Address: _____

Phone: _____ Relationship to Applicant: _____

Please read the following and sign below:

If necessary, the information that I have provided may be verified by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides such information. I also agree to hold harmless Community Pentecostal Church.

Should my application be accepted, I agree to be bound by the laws and policies of Community Pentecostal Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's Signature: _____ Date: _____

Witness: _____ Date: _____

Please provide a copy of your current Driver's License.

A criminal background investigation is required for all applicants. Please sign the attached and provide fingerprinting. We will begin processing this application immediately.