



WORKER'S APPLICATION

Revised 9/16

Department you are applying for: _____

Name: _____ Date of Birth: ___/___/___

Gender: Male/Female Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Home / Work / Cell Best Contact Time: _____

Phone 2: _____ Home / Work / Cell Best Contact Time: _____

E-mail Address: _____

Marital Status: Single / Married

Spouse's Name: _____ Are you a U.S. citizen: Yes/No

Do you speak, read or write fluently in any language other than English? Yes/No

If yes please state: _____

Do you have any special skills you think we should know about? (i.e. computer, graphic, business, organizational, etc.):

Have you received Jesus Christ as your Lord and Savior ?

Yes/No Date _____

What church(es) have you attended over the last five years?

Were you in good standing when you left your previous church(es)? Yes/No

If "No", please explain:

Membership date _____

Do you contribute financially to the Faith Center? Yes/No

Because we believe in restoration and forgiveness, it is important for your protection that we know the following: Have you been convicted of any crime in the past five years (ever)? Yes/No

Do you use illegal drugs? Yes/No

Personal References (Please do not include your employees or relatives)

Name: _____ Name: _____

Address: _____ Address: _____

Phone 1 (H/W/C): _____ Phone 1 (H/W/C): _____

Phone 2 (H/W/C): _____ Phone 2 (H/W/C): _____

Affiliation: _____ Affiliation: _____

Pastoral Reference (Pastor/Pastoral Staff from previous church attended)

Name: _____

Address: _____

Phone: _____

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 this application to give you any information they may have regarding my character and fitness for service. I further authorize the Faith Center to utilize the information contained in this application to conduct a reasonable investigation of my background, suitability and fitness for service at the Faith Center.

I hereby release the references provided herein and the Faith Center from Liability for any damage that may result from furnishing such evaluations to the Faith Center and I waive any right that I have to inspect the references provided on my behalf. Should my application be accepted, I agree to abide by the Statements of Faith, Code of Discipline, Religious Tenets, Constitution, Bylaws and all written policies of the Faith Center, and to refrain from any unscriptural conduct in the performance of my service to or for the benefit of the Faith Center.

Applicant's Signature: _____ **Date:** _____

Department Head's Signature: _____ **Date:** _____

Faith Center Use Only

Date Received: _____ **Approved:** _____

The Faith Center -6111 South Pointe Blvd. Ft. Myers, FL 33919