

(Enter Church Name)

Christian Education Interview Record

ABSENTEE NOTICE

If you know you are going to be absent, please complete this form and return it in your Roll Book at least one week before. The S.S./Midweek Director will remove this notice and place it in the appropriate location. If your absence is unplanned, please contact your Departmental Leader at (Enter telephone number) as soon as possible.

You are missed when you are not present.

Name: _____

Class: _____

Date will be absent: _____

Reason for being absent: _____

For CE Use Only

Processed By: _____ Date: _____

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ADULT ACCIDENT / INCIDENT REPORT

Name: _____

Age: _____ Date and Time: _____

Type of Accident: _____

REPORT:

Signature of Person Completing Form: _____

Date: _____

Signature of Witness: _____

Date: _____

Signature of Agreement: _____

Date: _____

STUDENT ACCIDENT / INCIDENT REPORT

Child's Name: _____

Age: _____ Date and Time: _____

Type of Accident: _____

REPORT:

Signature of Person Completing Form: _____

Date: _____

Signature of Witness: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(Enter Church Name)

(Enter Church Department or Ministry)

(Enter Church Address)

(Enter City, State, Zip)

(Enter Telephone)

Fax: (Enter Fax Number)

E-mail: (Enter E-Mail Address)

(Enter Church name)
CONSUMER AUTHORIZATION AND RELEASE

FCRA-2

In connection with (Enter Church name) (the Church) considering me for employment, continued employment, promotion or reassignment. I authorize the Church and or its agent, (Enter Background Checking Agency) (agent), to obtain a consumer report or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by the Church or its agent to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release the Church, its affiliated companies, their officers, employees and agents, and specifically, (Enter Background Checking Agency), their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed. By my execution hereof I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT

Full Name _____ DOB* _____ SS# _____
Last First Middle Initial

Current Address _____ HOW LONG _____
Street City State Zip

Previous Address _____ HOW LONG _____
Street City State Zip

Previous Address _____ HOW LONG _____
Street City State Zip

Signature _____ Date _____

(State of (Enter State), Notary) _____ Date _____

APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER?) Yes No

BUSINESS

Employer Name _____ City _____ Tel _____ Dates From / To _____

Employer Name _____ City _____ Tel _____ Dates _____ / _____

Employer Name _____ City _____ Tel _____ Dates _____ / _____

HIGH SCHOOL

Name _____ City, St _____ Tel _____ Dates _____ / _____
Most recent

Years attended _____ Last year completed: 1 2 3 4 Degree(s) _____

Name _____ City _____ Tel _____ Dates _____ / _____

**"Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

Last name if different while in High School

Home phone number (_____) _____

May we call you at work? _____ If yes, work phone number (_____) _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to youth or children's work? Yes No If yes, please explain: _____

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No If yes, please explain: _____

Have you ever been convicted or pleaded guilty to any crime above a misdemeanor? Yes No
If yes, please explain: _____

Do you smoke? Yes No Drink: Yes No Use illegal drugs? Yes No

PERSONAL REFERENCES

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

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 Christian Education work.

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

Applicant's Signature: _____ Date: _____

Application for Employment

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, physical or mental handicap, veterans status, and citizenship status. The receipt of this application does not mean that job openings exist or does not obligate us in any way. We appreciate your interest in our organization.

Date: _____

PERSONAL INFORMATION

Name _____ Social Security No. _____
Last First Middle Initial

Present Address _____
No. Street City State Zip

How long have you lived at the above address? _____ Home Phone _____

Previous Address _____
No. Street City State Zip

How long did you live there? _____

Are you over the age of 18? Yes No *If no, employment is subject to verification that you are of minimum legal age.*

What languages can you read, speak, and write fluently? _____

Are you a citizen of the United States? Yes No

If not a citizen of the U.S., can you provide proof that you can legally be employed in the U.S.? Yes No

EMPLOYMENT INFORMATION

Position applying for _____ Date available for work _____

What salary/hourly rate do you expect? _____

Type of employment: Full Time Part Time Temporary

What days and hours if part time? Days: _____ Hours: _____

From (____) a.m. (____) p.m. until (____) a.m. (____) p.m.

Have you ever applied for a job with us before? Yes No

Have you ever worked for us before? Yes No

Have you ever been bonded? Yes No

Have you ever been refused bond? Yes No *If yes, state reason and date* _____

Have you ever been convicted of any crime other than a minor traffic violation? Yes No

If yes, state date, court, and place where offense occurred: _____

Have you ever been discharged or requested to resign from a position? Yes No

If yes, explain: _____

Does your present employer know of your plans to change employment? Yes No

Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? Yes No

Have you ever been sexually molested as a minor? Yes No

If yes, state date(s) and explain circumstances: _____

How much time have you lost from work during this past year? _____

Would you have steady transportation to work? Yes No

Do you have any personal responsibilities or problems that may affect your daily attendance? Yes No

If yes, explain: _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____

EDUCATION INFORMATION

Schooling	Years Completed	Degree Rec. and Major Sub.	Name of School	Location	Did You Graduate?
Grammar or High School					
Trade Bus. or Correspondence					
College					
Graduate School or Seminary					

Describe any other specialized or personal training (such as computers, etc.). If you are presently enrolled in school, what are you studying? _____

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes No If yes, what Branch? _____

Date of duty: From _____ to _____ Rank at discharge: _____
Month Day Year Month Day Year

List duties in the Service including special training: _____

PRIOR WORK RECORD (START WITH MOST RECENT OR PRESENT EMPLOYER)

1 Name of Most Recent Employer _____ Phone No. _____

Address _____

Name/Position of Immediate Supervisor _____

Your Position, Title & Duties _____

_____ Date of Employment: From _____ to _____

Starting Rate \$ _____ Ending Rate \$ _____

Reason for Leaving _____

2 Name of Employer _____ Phone No. _____

Address _____

Name/Position of Immediate Supervisor _____

Your Position, Title & Duties _____

_____ Date of Employment: From _____ to _____

Starting Rate \$ _____ Ending Rate \$ _____

Reason for Leaving _____

3 Name of Employer _____ Phone No. _____

Address _____

Name/Position of Immediate Supervisor _____

Your Position, Title & Duties _____

_____ Date of Employment: From _____ to _____

Starting Rate \$ _____ Ending Rate \$ _____

Reason for Leaving _____

May we contact the employers listed above? Yes No

If not, indicate by number which one(s) you do not wish to be contacted: _____

REFERENCES

Name _____ Phone _____ Yrs known _____ Occupation _____

Name _____ Phone _____ Yrs known _____ Occupation _____

Name _____ Phone _____ Yrs known _____ Occupation _____

Name _____ Phone _____ Yrs known _____ Occupation _____

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on my application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

I understand that employment at this organization is "at will," and includes no guarantee, contract, or promise of employment for any specified length of time.

I authorize the use of any information in this application and any attached supplements to verify my statements. I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

Signature of Applicant _____ Date _____

Authorization and Release of Information

I authorize _____ and its agents to contact any reference or employers listed on my application for employment to confirm the information which was supplied by me and/or to obtain other material information about my employment. I authorize all references and employers to release any information about my qualifications. I also release any references or employers who provide information from any and all liability for providing that information.

Signature _____ Date _____

Print Name _____

Authorization and Release of Information

I authorize _____ and its agents to contact any reference or employers listed on my application for employment to confirm the information which was supplied by me and/or to obtain other material information about my employment. I authorize all references and employers to release any information about my qualifications. I also release any references or employers who provide information from any and all liability for providing that information.

Signature _____ Date _____

Print Name _____

(Enter Church Name)

VOLUNTEER

AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION

In connection with my application for voluntary service with (Enter Church name) (the Church), I authorize the Church and/or (Enter Background Checking Agency), their agent, to solicit background information relative to my criminal record history. I understand that the Church may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without any reservation, any person, agency, or other entity contacted by the Church or its agent for purposes of obtaining background report information, to furnish the above mentioned information.

I release the Church, and their employees, its agent, and their employees, and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

REQUESTED BY:

Last Name _____ First Name _____ Date of Birth _____
City of Birth _____ County _____ State _____
AKA/Maiden Name _____ Social Security No. _____

Please note: If your address is rural route, or post office box, we must have a City & County mail was delivered to.

CURRENT ADDRESS:

Street Address City State Zip Code
How long at this address: (Months/Years)_____

PREVIOUS ADDRESS:

Street Address City State Zip Code
How long at this address: (Months/Years)_____

PREVIOUS ADDRESS:

Street Address City State Zip Code
How long at this address: (Months/Years)_____

SIGNATURE _____ **DATE** _____

Thank you for applying to help in the ministry of our church.

Employee Evaluation

Employee's Name _____ Date _____

Ministry/Department _____

Position/Title _____ Length of Time in Position _____

PURPOSE OF THIS EMPLOYEE EVALUATION

To take a personal inventory, to pin-point weaknesses and strengths, and to outline and agree upon a practical improvement program. Periodically conducted, these evaluations will provide a record of development and progress.

INSTRUCTIONS

Listed below are a number of traits, abilities, and characteristics that are important for success in ministry. Place an "X" mark on each rating scale, next to the descriptive phrase which most nearly describes the person being rated. You will give evaluation on the left and your supervisor will give their evaluation on the right.

CAREFULLY EVALUATE EACH OF THE QUALITIES SEPARATELY

Two common mistakes in rating are: (1) A tendency to rate nearly everyone as "average" on every trait instead of being more critical in judgement. The rater should use the ends of the scale as well as the middle, and (2) The "Halo Effect," i.e., a tendency to rate the same individual "excellent" on every trait or "poor" on every trait based on the overall picture one has of the person being rated. However, each person has strong points and weak points and these should be indicated on the rating scale.

Employee Evaluation		Supervisor Evaluation
	ACCURACY is the correctness of work duties performed.	
_____	Makes frequent errors	_____
_____	Careless; makes recurrent errors	_____
_____	Usually accurate; makes only average number of mistakes	_____
_____	Requires little supervision; is exact and precise most of the time	_____
_____	Requires absolute minimum of supervision; is almost always accurate	_____
	ALERTNESS is the ability to grasp instructions, to meeting changing conditions and to solve novel or problem situations.	
_____	Slow to "catch on."	_____
_____	Requires more than average instructions and explanations.	_____
_____	Usually quick to understand and learn.	_____
_____	Exceptionally keen and alert.	_____
	CREATIVITY is talent for having new ideas, for finding new and better ways of doing things, and for being imaginative.	
_____	Rarely has a new idea; is unimaginative.	_____
_____	Occasionally comes up with a new idea.	_____
_____	Has average imagination; has reasonable number of new ideas.	_____
_____	Frequently suggests new ways of doing things; is very imaginative.	_____
_____	Continually seeks new and better ways of doing things; is extremely imaginative.	_____
	*FRIENDLINESS is the sociability and warmth which an individual imparts in his/her attitude toward ministry members, other employees, his/her supervisor and the persons he/she may supervise.	
_____	Very distant and aloof.	_____
_____	Approachable; friendly once known by others.	_____
_____	Warm; friendly; sociable.	_____
_____	Very sociable and outgoing.	_____
_____	Extremely sociable; excellent at establishing good will.	_____

* If relevant to the particular job.

PERSONALITY is an individual's behavior characteristics of his/her personal suitability for the job.

- _____ Personality unsatisfactory for this job
- _____ Personality questionable for this job
- _____ Personality satisfactory for this job
- _____ Very desirable personality for this job
- _____ Outstanding personality for this job

***PERSONAL APPEARANCE is the personal impression an individual makes on others. (Consider cleanliness, grooming, neatness, and appropriateness of dress on the job.)**

- _____ Very untidy; poor taste in dress
- _____ Sometimes untidy and careless about personal appearance
- _____ Generally neat and clean; satisfactory personal appearance
- _____ Careful about personal appearance; good taste in dress
- _____ Unusually well-groomed; very neat; excellent taste in dress

PHYSICAL FITNESS is the ability to work consistently and with only moderate fatigue. (Consider physical alertness and energy.)

- _____ Tires easily; is weak and frail
- _____ Frequently tires and is slow
- _____ Meets physical and energy job requirements
- _____ Energetic; seldom tires
- _____ Excellent health; no fatigue

ATTENDANCE is faithfulness in coming to work daily and conforming to work hours.

- _____ Often absent without good excuse and/or frequently reports for work late
- _____ Lax in attendance and/or reporting for work on time
- _____ Usually present and on time
- _____ Very prompt; regular in attendance
- _____ Always regular and prompt; volunteers for overtime when needed

HOUSEKEEPING is the orderliness and cleanliness in which an individual keeps his/her work area.

- _____ Disorderly or untidy
- _____ Some tendency to be careless and untidy
- _____ Ordinarily keeps work area fairly neat
- _____ Quite conscientious about neatness and cleanliness
- _____ Usually neat, clean, and orderly

DEPENDABILITY is the ability to do required jobs well with a minimum of supervision.

- _____ Requires close supervision; is unreliable
- _____ Sometimes requires prompting
- _____ Usually takes care of necessary tasks and completes with reasonable promptness.
- _____ Requires little supervision; is reliable
- _____ Requires absolute minimum of supervision

DRIVE is the desire to attain goals; to achieve.

- _____ Has poorly defined goals and acts without purpose; puts forth practically no effort.
- _____ Sets goals too low; puts forth little to achieve goals
- _____ Has average goals and usually puts forth effort to reach these goals
- _____ Strives hard; has high desire to achieve goals
- _____ Sets high goals and strives incessantly to reach these goals

* If relevant to the particular job.

JOB KNOWLEDGE is the information concerning work duties which an individual should know for a satisfactory job performance.

- _____ Poorly informed about work duties
- _____ Lacks knowledge of some phases of work
- _____ Moderately informed; can answer most common questions
- _____ Understands all phases of work
- _____ Has complete mastery of all phases of work

QUANTITY OF WORK is the amount of work an individual does in a work day.

- _____ Does not meet minimum requirements
- _____ Does just enough to get by
- _____ Volume of work is satisfactory
- _____ Very industrious; does more than is required
- _____ Superior work production record

STABILITY is the ability to withstand pressure and to remain calm in crisis situations.

- _____ Goes "to pieces" under pressure; is "jumpy" and nervous
- _____ Occasionally "blows up" under pressure; is easily irritated
- _____ Has average tolerance for crises; usually remains calm
- _____ Tolerates most pressure; very good tolerance for crises
- _____ Thrives under pressure; really enjoys solving crises

COURTESY is the polite attention an individual gives other people.

- _____ Blunt; discourteous; antagonistic.
- _____ Sometimes tactless
- _____ Agreeable and pleasant
- _____ Always very polite and willing to help
- _____ Inspiring to others in being courteous and very pleasant

OVERALL EVALUATION in comparison with other employees with the same length of service on this job.

- _____ Definitely unsatisfactory
- _____ Substandard but making progress
- _____ Doing an average job
- _____ Definitely above average
- _____ Outstanding

COMMENTS

Major weak points are:

1. _____
2. _____
3. _____

These weaknesses can be strengthened by doing the following:

Major strong points are:

- 1. _____
- 2. _____
- 3. _____

These strengths can be used more effectively by doing the following:

Evaluated by _____ Title _____

EMPLOYEE COMMENTS

The employee being evaluated should use this section to make any comments he/she feels are appropriate regarding this evaluation or points applicable to their supervisor.

A copy of this Report has been given to me and has been discussed with me.

Employee's Signature _____ Date _____

Employee Evaluation Checklist

Employee's Name _____ Date _____

Ministry/Department _____

Position/Title _____ Length of Time in Position _____

(Scale of 1 - 10)*

1. Self starter	
2. Perceive and follow instructions	
3. Work independently	
4. Compatibility to co-workers and others	
5. Mature judgement	
6. Willingness to apply self to tasks	
7. Desire for excellence	
8. Professional in appearance, style, and attitude	
9. Technical competency	
10. Thoroughness/follow through	
11. Integrity with self and others	
12. Interest in learning and self improvement	
13. Ministry interest versus self interest	
14. Loyalty	
15. Willingness to accept criticism	
16. Spiritual compatibility, etc.	
17. Degree of satisfaction with salary and benefits	
18. Degree of communication/understanding of supervisor	
19. Degree of "I have done a good job at my work here."	
20. Degree of job satisfaction/fulfillment	
Total	

Additional Comments _____

Evaluated By _____ Title _____

*Scale of 1-10 (10 being highest grade)

(Enter Church Name)

Christian Education Interview Record

Applicant: _____ Date of Interview _____

Ministry(ies) interested in: _____

Person(s) completing interview: _____

Application approver: _____ Date _____ Follow-Up approved: _____ Date _____

Special talents: _____

Areas most interested in: _____

Results of Interview: _____

.....

Recommended by: _____ Date: _____

Approved for service by: _____ Date: _____

Ministry assigned to: _____

Service assigned to: _____

Task: _____

Job description/responsibilities given to them: _____

_____ Start date: _____

Comments: _____

Issue Resolution Form

PART 1 (COMPLETED BY EMPLOYEE)

Employee Name:

Department:

Date:

Describe Issue(s):

Date and time of the critical incident:

Describe what you believe to be a reasonable and acceptable resolution to the issue:

CHRISTIAN EDUCATION DEPARTMENT
Sunday School & Mid-Week Classes
Ministry Audit Report Sheet

Date: _____

Name of Ministry/Class _____

Primary Contact Person/Teacher _____

Address State Zip Code

Business Phone Home Phone Other

Secondary Contact Person/Teacher _____

Address State Zip Code

Business Phone Home Phone Other

Age Group/s _____ Workers Involved _____

Meeting Location _____ Meeting Times _____

Avg. Attendance _____

1. What is the primary mission/purpose of the ministry?

2. What are the primary objectives of the ministry? How does it fulfill its mission?

3. How does the ministry help fulfill the vision and mission of the church?

(Enter Church Name) MINISTRY OPPORTUNITY FORM

Please complete this form if you are interested in helping in one of the areas listed below.

Return to (Enter Contact Name and Return Location).

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Male Female Birthday: _____ Marital Status: _____ No. of children: _____

Will your spouse be involved in ministry? _____

Are you a member or in membership process at this church? _____

How long have you attended this church? _____

Have you been born again: _____ Year: _____ Where: _____

INDICATE AREAS OF INTEREST:

- | | | |
|--|---|---|
| <input type="checkbox"/> Sunday School Teacher | <input type="checkbox"/> Kid's Church Worker/helper | <input type="checkbox"/> Men's Fellowship |
| <input type="checkbox"/> Midweek Teacher | <input type="checkbox"/> Singles Ministry | <input type="checkbox"/> Ladies' Ministries |
| <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Clown/Puppet Ministry | |

Missions and Outreach

- | | | |
|--|--|---|
| <input type="checkbox"/> Sanctuary Choir | <input type="checkbox"/> Sewing | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Nursery Care Giver | <input type="checkbox"/> Bulletin Board Design | <input type="checkbox"/> Bus Ministry |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Sound Room | <input type="checkbox"/> Homeless Ministry |
| <input type="checkbox"/> Usher | <input type="checkbox"/> Painting | <input type="checkbox"/> Sidewalk Sunday School |
| <input type="checkbox"/> Intercessory Prayer | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Mission Support |
| <input type="checkbox"/> Youth Worker | <input type="checkbox"/> Electrical | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

What age group do you desire to work with?

- | | | | |
|--------------------------------------|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> 3's-4's Boys | <input type="checkbox"/> 3's-4's Girls | <input type="checkbox"/> 5's-K |
| <input type="checkbox"/> Grades 105 | <input type="checkbox"/> Jr. High | <input type="checkbox"/> Sr. High | <input type="checkbox"/> Singles |
| <input type="checkbox"/> Young Adult | <input type="checkbox"/> Adult | <input type="checkbox"/> Senior Adult | |

Minister's Profile Information

Name _____ Phone _____
Last First Middle Initial

Address _____ City _____ State _____ Zip _____

Present Church Membership _____
City State Zip

BASIC BIOGRAPHICAL DATA

Date of Birth _____ Married: Yes No Date of Marriage _____

If married, give spouse's full (maiden) name _____

Give names and birth dates of your children:

Name _____ Birth date _____

Name _____ Birth date _____

Name _____ Birth date _____

Name _____ Birth date _____

Give brief summary of your conversion experience: _____

EDUCATION: LIST SCHOOL, DEGREE, AND YEAR OBTAINED.

School	Degree	Date of Degree

Are you bilingual? Yes No If so, what languages? _____

Have you been divorced? Yes No Has your spouse been divorced? Yes No

If yes, explain: _____

Training; major interest of spouse; attitude toward your vocation: _____

PROFESSIONAL EXPERIENCE

Are you licensed? Yes No Date _____

Ordained? Yes No Date of ordination _____

By which church? _____

List experience in churches giving length of service and position. If part-time, indicate. If Seminary student, give primary experience during your field service or intern.

Church	City and State	Position	Month/Year	
			From	To

Have you had experience in new church development? Yes No If so, comment. _____

Give information concerning your present or most recent ministry, including the membership and financial growth pattern. If more than six years, use last six.

Year your ministry began						
Membership						
Budget/General						
Budget/Missions						
Building						

Give reasons for growth or lack of growth: _____

Other ministry: Missionary service, chaplaincy, etc. (Specify type of service, place, and length.) _____

List secular work which has helped in preparation for your ministry: _____

What cultures (rural/inner city/suburb/black/white, etc.) do you work in best? Comment: _____

PERSONAL EVALUATION

Which of the New Testament gifts do you claim for yourself? _____

What do you conceive your task as a minister to be? _____

Appraise yourself in the following functions of ministry:

PREACHING How do you feel about its importance in relationship to your ministry?
 What type do you do most of – topical? expository? etc.

TEACHING What methods do you use? What age group are you best with?

EVANGELISM What place does it have in your ministry? What methods have you used?

VISITATION How important do you feel it is in relation to your ministry?

COUNSELING Evaluate your abilities.

ADMINISTRATION List type of administration in which you have been involved. Evaluate your abilities.

Rank these six functions of ministry in the order in which you feel the most competent.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

What has been your time allotment for these functions in your present ministry? _____

Describe your expectations and philosophy of team relationships within a multiple staff. Identify whether your perspective is from that of the senior pastor or one of the team members.

What is your understanding of plural leadership in the local church? Please be specific commenting on the relationship, authority, differences, functions, and responsibilities of the pastor and the elders.

Do you make a distinction between the clergy and laity? Explain: _____

Is there a special calling by God into the pastorate, and does that have an accompanying mantle of authority or anointing?

What is your position on divorce and remarriage? _____

What is your view on divorced and remarried persons holding office and/or teaching in the church? _____

What is the purpose of the Church? Please be specific. How does the pastor/teacher help fulfill this purpose?

What is your view of missions, and in what ways should the local church be involved? _____

What is your view on stewardship and tithing? _____

What is discipleship? _____

How do you disciple people? _____

What is your view on the relationship between repentance, salvation, and lordship? _____

Comment briefly on the following items in relationship to yourself:

Program for personal devotional life. _____

Program for continuing education (include professional conferences, courses audited or taken for credit). _____

List periodicals which you read regularly for enrichment. _____

What are the most significant three books which you have read within the past year? _____

Health or physical limitations? If so, please explain: _____

What do you do to maintain your physical health? _____

How do you spend your leisure time? _____

What do you feel is your greatest personal strength? _____

What do you feel is your greatest personal weakness? _____

List three things which indicate your greatest satisfaction in your present or most recent ministry: _____

Have you published any books, articles for professional journals, etc.? If so, list: _____

Please state briefly your theological position: _____

State your position on the "Charismatic Movement": _____

FINANCIAL CONSIDERATIONS

Financial remuneration includes salary, housing allowance, major medical insurance coverages, and ministry expense reimbursements (auto, continuing education, books and reference material, ministry contacts, etc.). The basic salary structure is based on the individual's need, the type of ministry (i.e. teaching God's Word), and diligence or faithfulness.

Based on your present circumstances, please state what you consider to be your financial needs to support your family. You may share what your present salary and financial conditions are, if you wish.

Do you have any debts? Please explain: _____

Performance Appraisal

Unplanned Results:

Employee Strengths:

Suggested Improvements:

Overall Performance Rating:

Employee Comments:

Performance Appraisal Discussion

Employee Signature

Date

Manager Signature

Date

Reviewing Manager's Signature

Date

Personal Interview Evaluation

Applicant's Name _____ Date Interviewed _____

Position Under Consideration _____

	Unsatisfactory	Below Average	Average	Above Average	Exceptional
CLEAR TESTIMONY OF FAITH					
PERSONALITY:					
Appearance					
Sociable					
Alertness/Insights					
Finesse/Tact/Poise					
Verbal Expression					
Initiative					
Motivated to Succeed					
Interest in Position					
Overall Personality					
BACKGROUND:					
Technical Knowledge of Specific Job					
Experience					
Education					
Overall Background					

EVALUATION

Weak Points: _____

Strong Points: _____

RECOMMENDATION

Comments: _____

Signature of Interviewer: _____ Position/Title: _____

Record of Verbal Warning

Employee's Name _____ Ministry/Department _____

DETAILS OF OCCURRENCE

Date/Time of Occurrence _____ Location _____

Details _____

Prepared By _____ Date _____

EMPLOYEE'S STATEMENT

Do you agree with the above details of occurrence? Yes No

Please make any comments you feel are appropriate: _____

Employee's Signature _____ Date _____

ACTIONS TAKEN

Explain: _____

Employee's Acknowledgment:

Actions Approved By:

Signature _____

Signature _____

Date _____

Date _____

(Copies to Employee, Supervisor, _____, and Personnel File)

Reference Check – By Telephone

Name of Applicant _____ Position Under Consideration _____
 Person Called for Reference Check _____ Phone _____

Give some idea of the job for which applicant is being considered.

Verify the following:

Social Security Number	From	To	Dates of Claimed Employment
Position Last Held	Final Rate of Pay		

1. In what capacity did you know the applicant? _____
2. How long did you know the applicant? _____
3. What specific duties did he/she perform? _____

4. How would you rate his/her: <i>(N/A if not appropriate)</i>	Very Good	Average	Poor
(a) Performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Supervisory abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Independent work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Creativity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Loyalty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Attendance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Honesty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How did he/she get along with other employees? _____
6. Any unusual work habits? _____
7. What were the circumstances surrounding his/her leaving? _____
8. Would you rehire him/her? Yes Any qualifications? _____
 No Why? _____
9. What were his/her strong points? _____
10. Were there any negative aspects or weaknesses? _____
11. Any additional pertinent information? _____

12. Person called was:
- | | |
|--|--|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Uncooperative |
| <input type="checkbox"/> Pleasant | <input type="checkbox"/> Unpleasant |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Hesitant |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Unwilling |

13. Final Comments _____

Person Making Call _____ Title _____ Date _____

Reference Checklist

Name of Applicant _____ Date _____
 Past Employer _____ to _____ Time in Last Job _____ Job Title _____
 Interviewer _____ Individual Contacted _____ Supervisor _____

	WHEN EMPLOYED BY YOU: (Check appropriate column)	Below Average	Average	Above Average	WHEN EMPLOYED BY YOU: (Check appropriate column)	Below Average	Average	Above Average
___ 1.	Arrived on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 21.	Interaction with other departments?	<input type="checkbox"/>	<input type="checkbox"/>
___ 2.	Days off due to illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 22.	Achieved desired work level?	<input type="checkbox"/>	<input type="checkbox"/>
___ 3.	Frequently left work early?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 23.	Followed employee policies?	<input type="checkbox"/>	<input type="checkbox"/>
___ 4.	Personal appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 24.	Handled personal problems?	<input type="checkbox"/>	<input type="checkbox"/>
___ 5.	Attitude toward job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 25.	Personal growth desires?	<input type="checkbox"/>	<input type="checkbox"/>
___ 6.	Handled new tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 26.	Job growth desires?	<input type="checkbox"/>	<input type="checkbox"/>
___ 7.	Accepted responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 27.	Achievement orientation?	<input type="checkbox"/>	<input type="checkbox"/>
___ 8.	Understood job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 28.	Accuracy?	<input type="checkbox"/>	<input type="checkbox"/>
___ 9.	Comprehended instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 29.	Handled personal business?	<input type="checkbox"/>	<input type="checkbox"/>
___ 10.	Planned work activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 30.	Would you rehire?	<input type="checkbox"/>	<input type="checkbox"/>
___ 11.	Made job related decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER QUESTIONS & COMMENTS			
___ 12.	Problem solving ability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 31.	_____	<input type="checkbox"/>	<input type="checkbox"/>
___ 13.	Organized job efforts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 32.	_____	<input type="checkbox"/>	<input type="checkbox"/>
___ 14.	Performance dependability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 33.	_____	<input type="checkbox"/>	<input type="checkbox"/>
___ 15.	Communication with supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 34.	_____	<input type="checkbox"/>	<input type="checkbox"/>
___ 16.	Management of subordinates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 35.	_____	<input type="checkbox"/>	<input type="checkbox"/>
___ 17.	Interaction with leadership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 36.	_____	<input type="checkbox"/>	<input type="checkbox"/>
___ 18.	Interaction with peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 37.	_____	<input type="checkbox"/>	<input type="checkbox"/>
___ 19.	Personality fit with job requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 38.	_____	<input type="checkbox"/>	<input type="checkbox"/>
___ 20.	Interaction with supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ 39.	_____	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT WORKER APPLICATION

All applicants must complete the questions listed below for any Student Worker position within the Christian Education Department. They are used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities. **ALL INFORMATION GIVEN IS CONFIDENTIAL.**

GENERAL INFORMATION

Date _____

Name _____
Last First Middle Initial

Address _____
Street City State Zip

Phone # _____ Phone #2 _____

Male Female Birthday _____

Marital Status Single Married Divorced Widowed

Spouses Name _____ Anniversary Date _____

Will your spouse be involved in ministry: _____ If so, where? _____

Maiden Name _____

Social Security #(s) present and past _____

Alias (or other names you have gone by) _____

Present employer: _____

Can we call you at work? Yes No Work phone # _____

CHRISTIAN EXPERIENCE

Are you a member of this local church? Yes No

How long have you attended this church? _____

Have you been born again? _____ Where? _____ Year _____

Have you been filled with the Holy Spirit according to Acts 2:4? _____

If Yes, where? _____ Year _____

Have you been baptized in water? _____ If yes, where? _____

DO YOU BELIEVE

Yes No In the virgin birth and deity of our Lord Jesus Christ?

Yes No That Jesus is God's Son and the only sacrifice for sin?

Yes No That a man must be born again to receive eternal life?

- Yes No In eternal reward for the believer? (Heaven)
- Yes No In eternal damnation for the lost? (Hell)
- Yes No In the rapture of the church prior to the 7-year Tribulation?
- Yes No In the infallibility of the scriptures?
- Yes No That divine healing is a part of redemption's purchase and is God's will for all who believe?
- Yes No That Jesus rose bodily from the dead?
- Yes No In the infilling of the Holy Spirit?
- Yes No That speaking in tongues is the initial physical evidence of the baptism of the Holy Spirit?

CHRISTIAN MINISTRY EXPERIENCE

List other churches you have attended regularly during the past five years.

Church _____	Church _____
Date Attended _____	Date Attended _____
City/State _____	City/State _____
Pastor _____	Pastor _____
Reason for Leaving _____	Reason for Leaving _____

List any gifts, callings, training, education, or other factors, which have prepared you for Christian service.

Have you ever led anyone to Christ? Yes No

Have you ever helped anyone to receive the Holy Spirit? Yes No

Have you ever been involved in ministry before? Yes No If yes, in what areas? _____

With what church organization? _____

Why do you want to be involved in ministry at this church? _____

LIFESTYLE QUESTIONS

Do you have any limitations or conditions preventing you from performing certain types of activities relating to youth or children's work? Yes No

If yes, please explain: _____

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?

Yes No If yes, please explain: _____

Have you ever been convicted or pleaded guilty to any crime above a misdemeanor? Yes No

If yes, please explain: _____

Do you presently have any communicable diseases (including HIV or AIDS)? Yes No

If yes, please explain: _____

Do you currently use tobacco? Yes No

Do you currently use illegal drugs? Yes No

Do you currently use alcohol? Yes No

Do you currently view pornography? Yes No

DESIRED INVOLVEMENT

- Teacher
- Classroom Assistant
- Musicians
- Choir
- Nursery Care Giver
- Greeters
- Ushers
- Outreach

- Intercessory Prayer
- Evangelism
- Singles Ministry
- Children's Church Worker
- Storytelling
- VBS
- Puppet Team
- Youth Worker

- Sound Room
- Bulletin Board Design
- Arts & Crafts
- Sewing
- Painting
- Electrical
- Carpentry
- _____

What age group do you desire to work with?

- Infant Nursery
- 3 Years Old
- Jr. High
- Young Adult

- Toddler Nursery
- 4 & 5 Years Old
- Sr. High
- Adult

- 2 Years Old
- 1st-5th Grades
- Singles Ministry
- Senior Audit

PERSONAL REFERENCES

Name: _____ Name: _____
Address: _____ Address: _____

Telephone: _____ Telephone: _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any reference or churches listed in this application to give you any information they may have regarding my character and fitness for Christian Education work.

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

Applicant's Signature _____ Date _____
Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

- Approved for ministry
- Not approved for ministry

Date _____

Comments _____

