

Alto CRC Employment/Volunteer Application

APPLICANT: _____ PHONE: _____

DATE OF BIRTH: ___-___-___ SOCIAL SECURITY NUMBER: ___-___-___

APPLICANT'S ADDRESS: _____
City: _____ State: _____ Zip: _____

PREVIOUS ADDRESS: _____
City: _____ State: _____ Zip: _____

REASON FOR MOVING: _____

POSITION REQUESTED: _____

REASON FOR APPLYING FOR POSITION: _____

PRIOR EXPERIENCE FOR POSITION REQUESTED: _____

REASON FOR LEAVING PRIOR POSITION: _____

HAVE YOU BEEN CHARGED OR CONVICTED OF A FELONY? IF SO, PLEASE GIVE
DETAILS: _____

ARE YOU FAMILIAR WITH OUR DOCTRINE AND CORE BELIEFS: _____

HAVE YOU EVER BEEN ACCUSED OF ANY TYPE SEXUAL MISCONDUCT OR PHYSICAL
ABUSE? IF SO, PLEASE GIVE DETAILS: _____

HAVE YOU EVER BEEN ACCUSED OF HAVING ANY SEXUAL MISCONDUCT INVOLVING A CHILD UNDER AGE 18? IF SO, PLEASE GIVE DETAILS: _____

HAVE YOU EVER RECEIVED COUNSELING DUE TO AN INAPPROPRIATE ACTION TOWARDS ANOTHER MEMBER OR CHILD OF A CHURCH OR DAYCARE? IF SO, PLEASE GIVE DETAILS: _____

IF APPLYING FOR A POSITION INVOLVING CHILDREN, HAVE YOU EVER WORKED WITH CHILDREN BEFORE. PLEASE GIVE DATES AND POSITIONS:

LAST CHURCH ATTENDED. PLEASE INCLUDE ADDRESS AND NAME OF PASTOR:

ANY REASON WHY A PREVIOUS PASTOR WOULD NOT RECOMMEND YOU? IF SO, PLEASE FURNISH REASONS: _____

REFERENCES: PLEASE FURNISH CONTACT INFORMATION: NAMES, PHONE NUMBERS, AND ADDRESSES.

THE INFORMATION GIVEN WILL BE USED FOR THE PURPOSE OF SCREENING APPLICANTS. AS A CHURCH, WE HAVE A DUTY TO PROTECT EVERYONE ATTENDING OUR SERVICES AND/OR ACTIVITIES.

WITH YOUR SIGNATURE BELOW, YOU AGREE THAT ALL STATEMENTS GIVEN BY YOU ARE TRUE AND ENTIRE. YOUR SIGNATURE GIVES THE CHURCH PERMISSION TO CONTACT ANY PRIOR CHURCH, PASTOR, AND REFERENCE. YOUR SIGNATURE BELOW ALSO GIVES THE CHURCH PERMISSION TO RUN A BACKGROUND CHECK ON YOURSELF TO ENSURE THE SAFETY AND PROTECTION OF ALL PARTIES ATTENDING OUR CHURCH.

I GIVE PERMISSION FOR THE CHURCH TO RUN A BACKGROUND CHECK ON MYSELF AND TO CHECK OUT ANY REFERENCES AND EXPERIENCES.

SIGNATURE OF APPLICANT

DATE

REFERENCES

Name: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Relationship (If any): _____

Name: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Relationship (If any): _____

Name: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Relationship (If any): _____

TO BE FILLED OUT BY REFERRER

Name of Reference: _____

Interview Questions:

1. What capacity did you know the applicant? _____

2. What position(s) did they hold? _____

3. How long have you known applicant? _____

4. Was applicant's service satisfactory or unsatisfactory? _____

5. If applicant is no longer working with your organization, why did they leave?

6. Based upon the knowledge/experience/character of applicant, would you recommend applicant?

_____ Yes

_____ No

_____ Unsure

7. Any additional comments regarding client and/or suitability to perform services with our organization? If so, please list below:

Signature of Reference

Date