



Application for Communications and Public Relations						
Name _						
Daytime Phone Evening Phone						
Street A	Street Address					
City, State, Zip						
Church	Church Membership:					
Referer	ices with name, address & phone numbe	er:				
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♦ Bookkeepingyesno	
❖ Data Baseyesno	
❖ Data Entryyesno	
<ul> <li>Desktop Publishingyesno</li> </ul>	
❖ Google Docsyesno	
Microsoft Excelyesno	
Microsoft Publisheryesno	
Microsoft Wordyesno	
Website Publishingyesno	
Windows7yesno	
❖ Windows8/10yesno	
<b>Employment History (starting with most recent):</b>	
Name of employer:	
Address & phone:	
❖ Dates of employment:	
Duties performed:	
Name of employer:	
Address & phone:	
Dates of employment:	
Duties performed:	
. A. T. C. 1	
Name of employer:	
❖ Address & phone:	
<ul><li>Address &amp; phone:</li><li>Dates of employment:</li></ul>	
❖ Address & phone:	
<ul><li>Address &amp; phone:</li><li>Dates of employment:</li></ul>	
<ul><li>Address &amp; phone:</li><li>Dates of employment:</li></ul>	

Do you have experience with the following?

## **Education:**

	Name & Location of School	Years Attended	Did you graduate?	Subjects Studied
Grammar School				N/A
High School				
College				
Trade, business or other school				

	In a paragraph or two, describe your relationship to Jesus Christ and your personal walk with Him:
Subjects of special study/research work or special training/skills:	General Information
	Subjects of special study/research work or special training/skills:

Please attach your	resume and/or	any other	information	that would	d help us	s know	you	as a
candidate for this p	osition.							

## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herin and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for any specified time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date:	Signature:

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