

EMPLOYMENT APPLICATION

HEARTLAND CONFERENCE RETREAT CENTER

Ohio District Council Assemblies of God
3201 County Road 225 ♦ Marengo, OH 43334

I understand that completing this form in no way obligates me to HCRC or the Ohio District, but merely furnishes useful information to the Executive Director selecting personnel. Only non-smoking, non-drinking applicants need apply. Thank you.

PLEASE PRINT CLEARLY

I am applying for _____

Name _____ Date _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Home Phone (____) _____ Email _____

Home Church _____ City _____

Date Available: From _____ To _____

**PLEASE ENCLOSE RECENT PHOTO (OPTIONAL)

PAST EMPLOYMENT:

| <u>Dates</u> | <u>Employer</u> | <u>Address</u> | <u>Position</u> |
|--------------|-----------------|----------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

RELATED EXPERIENCE:

| <u>Dates</u> | <u>Address</u> | <u>Position</u> |
|--------------|----------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PERSONAL:

Have you at any time ever:

Been arrested for any reason? _____ Yes _____ No

Been convicted of, or pleaded no contest to, any crime? _____ Yes _____ No

Been accused of, engaged in, or investigated for any sexual misconduct involving a minor or adult, including but not limited to child abuse, child molestation, indecent liberties with a child, incest, adultery, sexual harassment, rape, assault, battery, murder, kidnapping, child pornography, sodomy, or sexual conduct with a counselee? _____ Yes _____ No

If the answer is "yes," please provide an explanation on separate paper, including any relevant court documents.

Are you aware of:

Having any traits or tendencies that could pose any threat to children, youth, or others? _____ Yes _____ No

Any reason why you should not work with children, youth, or others? _____ Yes _____ No

If the answer is "yes", please provide an explanation on separate paper.

Do you have any impairments, physical or mental, which would interfere with your ability to perform as an employee? _____

If yes, explain _____

Are you known to be a carrier of any contagious disease or virus? _____ If yes, explain _____

Write a brief biographical sketch of your training, education, experience, etc., that you think might have bearing on this position for which you are applying. Attach the biographical sketch to this application.

Would you be available for an interview? _____

REFERENCES:

Please give COMPLETE names & addresses of a pastor, friend, and former employer/teacher to be used as references.

Pastor _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Adult Friend _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Former Employer / Teacher _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Do you voluntarily consent to a background check? _____ Yes _____ No

If your answer is "No," your application will not be processed.

AUTHORIZATION OF RELEASE:

I have made application to the Heartland Conference Retreat Center (hereinafter referred to as Employer). I hereby authorize the Employer to make any investigation of my personal or employment history; and I authorize any former employer, person, firm, corporation, credit agency, or government agency to give the Employer any information or opinion they may have regarding me. In consideration of the Employer's review of my application, I hereby release the Heartland Conference Retreat Center and all providers of information from any liability as a result of furnishing and receiving this information.

Signature _____ Date _____

It is a privilege to work at a Christian Conference Center. The staff is placed in a unique position of trust and opportunity. The facility exists to minister to people and we are the ministering servants. Do you willfully submit to the authority of Christ and to the God-appointed leadership of this ministry? Do you, to the best of your knowledge, know that all statements are true and made on your own free will?

THIS APPLICATION IS TO BE HELD IN THE STRICTEST OF CONFIDENCE AND WILL BECOME A PART OF THE PERMANENT FILE OF THE PERSON NAMED ON THIS FORM.

Signature _____ Date _____

PLEASE RETURN COMPLETED FORM TO:

HEARTLAND CONFERENCE RETREAT CENTER
3201 County Road 225 ♦ Marengo, OH 43334