



# JOHN G. LAKE APOSTOLIC HEALING CENTER

## EMPLOYMENT APPLICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Applying For:  Full-Time  Part-Time

Describe Availability: \_\_\_\_\_

Have you ever applied for our ministry position before?  No  Yes – If yes, when? \_\_\_\_\_

Do you have any friends or relatives employed by our ministry?  No  Yes – If yes, share:

\_\_\_\_\_  
*Name, Position*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Name, Position*

\_\_\_\_\_  
*Relationship*

Please write a short paragraph telling how you became a Christian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you attend The John G Lake Apostolic Healing Center? [ ] No [ ] Yes – If yes, for how long? \_\_\_\_\_

Have you been through deliverance or Inner Healing? [ ] No [ ] Yes – If so, by whom & when: \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?...  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to being  
of minimum legal age to work).....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?.....  Yes  No

Have you ever been arrested or convicted of a crime (other than moving violations)?.....  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?.....  Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_  
 \_\_\_\_\_

Are you currently employed?.....  Yes  No

If so, may we contact your current employer?.....  Yes  No

Some of those with whom we communicate might not speak English. Do you speak, write or understand any foreign language(s)?.....  Yes  No

If yes, which language? \_\_\_\_\_

**Education**

School	Name, Address, City, State, Zip	# Years Completed	Did you Graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/ Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/ Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

<b>Employed From/ To</b>	<b>Company Name, Address, City, State, Zip</b>	
		<b>Phone:</b>
		<b>Supervisor's Name:</b>
		<b>Supervisor's Ext.# :</b>
	<b>Your Job Title:</b>	
	<b>Your Duties:</b>	
	<b>Reason for Leaving:</b>	
	<b>May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
		<b>Phone:</b>
		<b>Supervisor's Name:</b>
		<b>Supervisor's Ext.# :</b>
	<b>Your Job Title:</b>	
	<b>Your Duties:</b>	
	<b>Reason for Leaving:</b>	
	<b>May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
		<b>Supervisor's Name:</b>
		<b>Supervisor's Ext.# :</b>
<b>Your Job Title:</b>		
<b>Your Duties:</b>		
<b>Reason for Leaving:</b>		
<b>May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		

Attach additional pages if necessary.

## References

<b>Name:</b>	<b>Address:</b>
<b>Phone:</b>	
<b>Occupation:</b>	
	<b># Years Acquainted:</b>
<b>Name:</b>	<b>Address:</b>
<b>Phone:</b>	
<b>Occupation:</b>	
	<b># Years Acquainted:</b>
<b>Name:</b>	<b>Address:</b>
<b>Phone:</b>	
<b>Occupation:</b>	
	<b># Years Acquainted:</b>

**Please read carefully, initial each paragraph, and sign below.**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize John G Lake Apostolic Healing Center to thoroughly investigate any references, work record, education, and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to our ministry any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release our ministry, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the John G Lake Apostolic Healing Center. In addition, I understand and agree that if I am employed my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the John G Lake Apostolic Healing Center, and that no promises or representations to the contrary are binding the John G Lake Apostolic Healing Center unless made in writing and signed by me and the Church Administrator.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment) be conducted by John G Lake Apostolic Healing Center, I am entitled to copies of any such public records obtained by the Church unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**