



### Employment Application

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. The application is used to help the ministry provide a safe and secure environment for the children and their families who participate in our programs.

Submit application to adelzappasodi@gmail.com.

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

Today's Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City Zip

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have a current driver's license? Yes \_\_\_ No \_\_\_ If yes, please list your license # \_\_\_\_\_

Position(s) For Which You Are Applying: \_\_\_\_\_

Previous Teaching Experience (Volunteer or Paid Positions) including Dates:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of (or pleaded guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes \_\_\_ No \_\_\_ If yes, please explain (Attach a separate pages if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

Please list several references giving their names, mailing addresses, and telephone numbers/email addresses.

Pastoral Reference: \_\_\_\_\_

Professional Reference: \_\_\_\_\_

Personal Reference: \_\_\_\_\_

Summary of Your Statement of Faith:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Please list below your college degree(s) and additional training hours giving the requested details.**

<b>Dates of Attendance</b>	<b>Name of College</b>	<b>City and State Where Located</b>	<b>Degree Received Or Continuing Educ.</b>	<b>Date Degree Conferred</b>