

Are you an American Citizen? Yes Native Naturalized No Explain _____

SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED

College Name and Location	Fields of Study or Titles of Special Courses	Certificates or Degrees Granted	Hours Completed Sem. Qtr.	Date Granted
<input type="checkbox"/>	Major: <input type="checkbox"/> <input type="checkbox"/> Minor: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Major: <input type="checkbox"/> <input type="checkbox"/> Minor: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Major: <input type="checkbox"/> <input type="checkbox"/> Minor: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Major: <input type="checkbox"/> <input type="checkbox"/> Minor: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Business or Trade Schools - Name and Location <input type="checkbox"/>	From		To		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Subjects <input type="checkbox"/>	Length of Course <input type="checkbox"/>	Completed <input type="checkbox"/>
	Mo.	Yr.	Mo.	Yr.					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Experience with Teen Challenge: (Please describe below)

Note: (This would also include being a student within the Teen Challenge Program)

EMPLOYMENT HISTORY

Please list below your work experiences, paid or unpaid, beginning with your present or most recent employment. Go back at least ten years if employed that long. Describe each job separately, emphasizing your specific tasks and supervisory, technical, or other responsibilities performed. Give special attention to work experience relating to the position for which you are applying. Explain significant breaks in work experience. If the space provided for DUTIES is inadequate, please attach additional sheets.

_____ Employer		_____ Address	
_____ Your Title		_____ Supervisor's Name and Telephone	
From _____	To _____	Total Time _____	
(Month)	(Year)	(Years)	(Months)
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other _____		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	

Starting Salary \$ _____ Last Salary \$ _
(Monthly) (Monthly)

Reason for Leaving _____ May we contact this employer? Yes
 No

Duties (Be specific) _____



Employer _____ Address _____

Your Title _____ Supervisor's Name and Telephone _____

From _____ To _____ Total Time _____
(Month) (Year) (Years) (Months)

Full-Time Part-Time Other _____ Paid Unpaid

Starting Salary \$ _____ Last Salary \$ _
(Monthly) (Monthly)

Reason for Leaving _____ May we contact this employer? Yes
 No

Duties (Be specific) _____

SKILLS: Please indicate briefly any job-related skills, gifts, callings, training, education, or additional factors that you feel has prepared you for this type of work and would be helpful to Teen Challenge in considering your application. (Attach additional sheets if necessary.)

PERSONAL INFORMATION

Marital status: Married Single Engaged Separated Divorced Remarried
 Widowed

Do you use any of the following: Yes No
 Tobacco
 Alcohol
 Prescription drugs
 Non-prescription drugs

If you have answered *Yes* to any of the above items, please explain: _____

(Attach additional sheets if necessary.)

Have you ever been arrested or convicted of a criminal offense (exclude minor traffic violations)? Yes No If you have answered Yes, please explain: _____

(Attach additional sheets if necessary)

Have you ever experienced or presently have a physical ailment, injury, handicap or condition that would prevent you from performing certain types of work related tasks while being involved with Teen Challenge? Yes No

Are you presently receiving disability? Yes No

If the answer is Yes, please explain: _____

REFERENCES (not former employers or relatives)

(1) Name _____ Relationship _____

(Street Mailing Address)

(City, State, and Zip)

Phone: (_____) _____

(2) Name _____ Relationship _____

(Street Mailing Address)

(City, State, and Zip)

Phone: (_____) _____

(3) Name _____ Relationship _____

(Street Mailing Address)

(City, State, and Zip)

Phone: (_____) _____

SPIRITUAL HISTORY

Are you a member of any church or religion? _____ Which one? _____

Are you born-again? _____ Filled with the Holy Spirit? _____

CHURCH

Name of church you attend _____ Pastor _____

(Street Mailing Address)

(City, State, and Zip)

Phone: (_____) _____

In the space below, briefly describe why you are desirous of seeking employment with Teen Challenge.

APPLICANT'S STATEMENT

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge, I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with Teen Challenge terminated.

I hereby authorize those references, churches, businesses, and employers listed herein, unless otherwise noted, to provide any information, records, etc., they may have regarding my character, moral integrity, and fitness for working with Teen Challenge. I also hereby release those references, churches, businesses, and employers listed herein, unless otherwise noted, who provide any information, records, etc., regarding my character, moral integrity, and fitness for working with Teen Challenge, from any liability or damages resulting from such disclosure to Teen Challenge.

Should my application be accepted, I hereby agree to abide by the Constitution and Bylaws and program policies and procedures of Teen Challenge, and to refrain from immoral conduct in the performance of my services and duties on behalf of Teen Challenge.

I understand and accept that a condition of my employment is execution of the Christian Conciliation Agreement.

I understand my first 90 days will be probationary, during which time I or Teen Challenge may terminate relationships at any time.

For juvenile facility employees only:

- 1. Have you ever been sexually abused? Yes No
- 2. Have you ever been physically abused? Yes No
- 3. Have you ever sexually or physically abused a minor? Yes No
- 4. Have you ever been convicted of sexually or physically abusing a minor? Yes No
- 5. If the State requires a criminal background check for all juvenile employees. May we do this? Yes No

Heart of America Teen Challenge Agreement

I, _____, agree to abide by the policies of Heart of America Teen Challenge of _____ and state that I wish to serve as staff and make an initial commitment of 6 months.

I understand that I will receive a salary between \$100 to \$400 per month (based on experience & position) and room & board will be provided for me. (Exceptions for Office & Volunteer Personnel)

I understand that Heart of America Teen Challenge, Inc. cannot be held responsible for personal property or injury to anyone who is in our program. Any personal property or money left at Teen Challenge after my departure becomes the property of TC. It is further understood that if I do not cooperate with the rules and regulations of Heart of America Ten Challenge I can be asked to leave.

I also understand that Heart of America Teen Challenge is unable to provide medical insurance and so any coverage desired must be provided by myself.

Signature of Staff candidate: _____

Date: _____

Signature of Pastor :

_____ Phone #: _____

(By signing this application you are endorsing the above person for ministry at Teen Challenge)