

YOUR LOGO  
HERE

# National Ministries

6701 Bock Road  
Fort Washington, MD 20744  
(301) 567-9507 (phone)  
(301) 567-7438 (fax)

## Employment Application

### Position Desired

Faculty  Kindergarten  Elementary  Secondary  Other: \_\_\_\_\_  
Staff  Clerical  Child Care  Housekeeping  Maintenance  Kitchen

*National Ministries does not discriminate on the basis of race, color, or national origin in any of the admissions or employment practices or policies.*

## Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Sex:  Female  Male

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, when? \_\_\_\_\_

Marital Status:  Single  Married  Separated  Widowed  Divorced

Date Married: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Number of dependents including yourself: \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

Are your children Christian? YES NO Do they attend church regularly? YES NO

Spouses Name \_\_\_\_\_ Occupation \_\_\_\_\_

Is your spouse a Christian? YES NO Does he/she attend church regularly? YES NO

Have you had a major illness in the past 5 years? YES NO If yes, describe \_\_\_\_\_

Did you miss more than 5 days of work due to personal or family illness? YES NO If yes, describe \_\_\_\_\_

Please describe your general physical condition. \_\_\_\_\_

Do you desire part time or full time work?      Part Time    Full Time  
                                            Specify part-time \_\_\_\_\_

Do you object to our requesting a report from your local credit bureau?      YES    NO  
                     

Do you object to our requesting a report from your state law enforcement agency?      YES    NO  
                     

Have you ever been convicted of a crime that would preclude you from being employed?      YES    NO  
                     

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES    NO  
                                            Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES    NO  
                                            Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES    NO  
                                            Degree: \_\_\_\_\_

**Spiritual**

Please briefly write your salvation testimony (Attach a separate sheet of paper if you need more room).

\_\_\_\_\_

\_\_\_\_\_

Please write your reason for believing why you think God is leading you to apply for employment at our church or school.

\_\_\_\_\_

\_\_\_\_\_

Do you attend all regular church services?      YES    NO                      Do you practice tithing?      YES    NO  
                                                                 

Do you have personal devotions?      YES    NO                      Do you witness to lost people?      YES    NO  
                                                                 

Do you practice Matthew 5 and Matthew 18 in resolving personal conflicts?      YES    NO  
                     

In which church ministries have you been involved?

To what local church do you currently belong?

Who is the pastor? \_\_\_\_\_ Phone number of church attended \_\_\_\_\_

Are you in full agreement with the Constitution of the sponsoring Church?      YES    NO  
                     

Are you in full agreement with the statement of faith of National Christian Academy?      YES    NO

**Professional**

Are you certified? YES NO  
  If not, please explain \_\_\_\_\_

What type of certification and by whom? \_\_\_\_\_

List briefly experiences with children other than in teaching. \_\_\_\_\_

Are you interested in sponsoring or assisting in any of the following school activities  Yearbook  Band  
 Choir  Piano  Honor Society  Soccer  Volleyball  Cheerleading  Basketball  
 Baseball  Softball  Track  Golf  Other \_\_\_\_\_

If applying for a clerical position, what office equipment can you operate?  Copier  Typewriter  
 Adding Machine  Computer  Microsoft Office Suite (List the office suite(s) you are proficient in)  
 Other \_\_\_\_\_

**Teaching Experience**

School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Subjects or Grades: \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Subjects or Grades: \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Subjects or Grades: \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Subjects or Grades: \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Subjects or Grades: \_\_\_\_\_

**Non-Teaching Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
  Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
  Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
  Reason for Leaving: \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*If your application is considered favorably, on what date will you be available for work?* \_\_\_\_\_

*I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, references, and any other persons to answer all questions concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

*Please Read Carefully Before Signing the Authorization*

**DISCLOSURE**

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, NATIONAL MINISTRIES (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc, can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- A “consumer report” is written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include for example, credit information, criminal history reports, or driving records; and
- An “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

**AUTHORIZATION**

I have read and understand the foregoing Disclosure, and authorize NATIONAL MINISTRIES to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact, through IntelliCorp Records, Inc., my current employer for Employment and Reference Verifications. (Checking “I do” will authorize inquiries to the Human Resources Department and to any listed supervisors.)

By signing this I consent to have \$10.00 deducted from my first check to cover the expense of the Background Investigation.

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Printed Name	Applicant Signature	Date
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Parent or Legal Guardian Signature (for searches conducted on minors under the age of 18)	Date
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PERSONAL DATA

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Last Name	First Name	Middle Name
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Current Address	Dates Lived Here (MM/YY)
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Date of Birth	Other Names Used (including maiden name)	Years Used
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Social Security Number	Driver's License #	DL State
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Email Address (may be used for official correspondence)

I have the right to make a request to IntelliCorp Records, Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

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Printed Name	Applicant Signature	Date
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National Church of God  
6700 Bock Road  
Fort Washington, MD 20744

**DIRECT DEPOSIT AUTHORIZATION FORM**

Please note, that, once form is filled and turned in, payments will reflect in this account during the second (not first) upcoming payroll. It will be verified on this paycheck, next payroll will be reflected.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Social Security Number \_\_\_\_\_

I \_\_\_\_\_, hereby authorize \_\_\_\_\_  
to send credit entries, as well as make adjustments and debit entries as appropriate, to the account(s) listed below:

**Account #1:**

Account Type (Select One)  Checking  Savings

Name of Financial Institution: \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

Street Address

City, State, Zip Code

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Percentage to be deposit into this account: \_\_\_\_\_

If you are including a second account, please note that the percentages to be deposited into the two accounts must total 100%.

**ATTACH IMAGE OF VOIDED CHECK (CHECKING ACCOUNT)  
OR DEPOSIT SLIP (SAVINGS ACCOUNT)**

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**DIRECT DEPOSIT AUTHROIZATION FORM**

**Account #2:**

Account Type (Select One

Checking

Savings

Name of Financial Institution: \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

Street Address

City, State, Zip Code

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Percentage to be deposit into this account: \_\_\_\_\_

If you are including a second account, please note that the percentages to be deposited into the two accounts must total 100%.

**ATTACH IMAGE OF VOIDED CHECK (CHECKING ACCOUNT)  
OR DEPOSIT SLIP (SAVINGS ACCOUNT)**

## Voluntary Payroll Withholding Form

Employee Name: \_\_\_\_\_

Department:       National Church of God                       National Christian Academy

Effective Date: \_\_\_\_\_

**Tithes** (10% of my gross pay)

**Offering** (indicate a dollar amount or percentage): \_\_\_\_\_

**Other:**      Type: \_\_\_\_\_      Amount: \_\_\_\_\_

My signature below indicates my agreement to have the amounts noted above deducted from my paycheck. I understand I may revoke this request at any time and the deductions will be terminated beginning within ten (10) business days of my revocation date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Security Agreement Form

Time Card Employees

Employee Name: \_\_\_\_\_

Department:       National Church of God                       National Christian Academy

Effective Date: \_\_\_\_\_

**Lost card/card was not returned**      \$25.00

**Missed punch**                                      \$ 5.00

I acknowledge that I am in receipt of a timecard as an integral part of my employment. This timecard must be used by me to record both my in and out times for each work day. Should I miss a punch either in or out I understand no time is recorded for that workday. I understand that I will only be paid for times recorded via the use of this timecard. Should I wish to be paid for any missed punches, I understand that a fee of \$5.00 per missed punch will be deducted from my paycheck to offset the cost of inputting manual punches which is recommended by the payroll company.

Should I lose my timecard I understand that a \$25.00 replacement fee will be deducted from my paycheck. I further understand that my timecard must be returned upon termination of my employment or a \$25.00 fee will be deducted from my final paycheck.

My signature below indicates that I have both read and agreed to the terms listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Witness: \_\_\_\_\_ Date: \_\_\_\_\_