

*Section I* *Applicable Position*

<input type="checkbox"/> Candidate for Pastoral Position <input type="checkbox"/> Office Administrator <input type="checkbox"/> Janitor/Custodian	<input type="checkbox"/> Worship Service Coordinator <input type="checkbox"/> Youth Director <input type="checkbox"/> Ministerial Intern
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*Section II* *Personal Information*

Name:		Birth Date: <i>(optional)</i>
Address:		
Cell Phone:	Home Phone:	Are you currently employed? <b>YES</b> or <b>NO</b> May we contact your current employer? <b>YES</b> or <b>NO</b> If yes, please provide a contact name and number:
Current Church Home:		
List any injury, illness, or other condition that might limit your involvement in ministry activities or work:		

*Section III* *Education & Training Information*

Highest level of formal education:
Ministry Training Programs:
Professional Training Programs:
Certifications Held:
Informal Training:

*Section IV* *References*

Name	Phone	Email	Years Known
1.			
2.			
3.			

*Section V* *Personal & Professional Skills*

Please list any skills or talents that you believe would contribute to this position and the ministry of Hope LBC.

<i>Section VI</i>	<i>Work &amp; Ministry Experience</i>
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List any relevant ministry experiences, paid or volunteer, that may contribute to this position and the ministry of Hope LBC. Please put your initials in the box to the right if you have also submitted a Resume or CV.			
<i>Position or Type of Work</i>	<i>Church or Organization</i>	<i>Date of Service</i>	<i>Paid/Vol.</i>
1.			
2.			
3.			

<i>Section VII</i>	<i>Spiritual Journey</i>
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Briefly tell us about your spiritual journey and describe your relationship to God. <i>(Use separate sheet if necessary.)</i>

<i>Section VIII</i>	<i>Personal &amp; Professional Growth</i>
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Please identify one or two areas in which you would like to grow if you are selected for this position.

<i>Section IX</i>	<i>Background Check Authorization</i>
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As a result of our concern for “best practices” with regard to money and our commitment to the safety and protection of children, youth, and vulnerable adults, we require all employees, potential employees, and volunteers who work with children and youth to consent to a voluntary record check and to adhere to the policies of Hope LB Church.
<input type="checkbox"/> I give my consent for Hope LB Church to run a voluntary record check.
Social Security # _____ <i>(or Social Insurance Number)</i>
Applicant’s Signature: _____ Date: _____
Have you ever been (formally or informally) accused, charged, or disciplined for any unlawful sexual conduct, child abuse, child sexual abuse, drug use, or other illegal activity? <i>(Please circle Yes or No to the right)</i>
<b>YES      NO</b>
If you answered yes to the above, please supply the following information:

Date:	Place:
Type of Conduct:	

<i>Section X</i>	<i>Statement of Agreement</i>
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By signing below, I attest that the information supplied on this form is complete and accurate to the best of my knowledge and recollection. I understand that I will be required to read and abide by the terms of employment and/or employee handbooks which will be provided to me if employment is granted to me. I understand that I will be held accountable to my job description and duties. I further understand that I will be committing to a paid ministry position and will therefore be a representative of Hope LB Church and the Lord Jesus Christ and will serve and live accordingly.
Applicant’s Signature: _____ Date: _____

*Please be sure you have addressed every question and signature. Applications cannot be accepted without signatures.  
 Return this completed form to: Hope LB Church, 807 5<sup>th</sup> Street SE, Barnesville, MN 56514.  
 A scanned copy of this signed application may be emailed to [hopelbc@outlook.com](mailto:hopelbc@outlook.com).*