## NEW HORIZONS MINISTRIES, INC.

## CHRISTIAN SERVICE APPLICATION

NOTICE TO APPLICANTS: We consider all applicants without regard to race, color, sex, national origin, or age.

## PERSONAL DATA

(Please type or print)

NAME	•		
1989/2012 2000 1	last	first	middle
PRESENT	ADDRESS:		
HOW LONG	AT THIS ADDRESS:	TELEPHONE #()	
PREVIOUS	ADDRESS:		
SOCIAL SE	ECURITY #:	DATE OF BIRTH	
RELATIVE	TO NOTIFY IN CASE OF EMERGI	ENCY:	
ADDRESS:_			
TELEPHONE	E #: <u>()</u>	RELATIONSHIP:	
	20.		
DO YOU HA	KINDS OF WORK? IF	WHICH WOULD PREVENT YOU FROM	PERFORMING S:
	HAD A SERIOUS ILLNESS IN TH	HE PAST 5 YEARS? IF Y	ES,
	STATUS: Single Engaged Separated Dive YOU MARRIED?	Married orced Widowed	
HOW MANY	DEPENDENTS DO YOU HAVE (INC	CLUDING YOURSELF)?	
CURRENTLY	EMPLOYED: JOB TITLE	: RATE OF PA	Y:
POSITION	APPLIED FOR:	DATE AVAILABLE:	
HOW DID Y	OU LEARN OF NEW HORIZONS? _		
OID YOU P	ARTICIPATE IN THE MILITARY?	TYPE OF DISCHARGE:	

DO YOU S	PEAK, READ OR WRI	TE ANY FOREIGN	LANGUAGES	S? Yes No
IF YES,	WHICH ONES AND TO	WHAT DEGREE,	FLUENT, GO	OOD, OR FAIR?
		EDUCAT	ION	
ARE YOU	A HIGH SCHOOL GRA	DUATE? YES	NO	IF YES, WHAT YEAR?
COLLEGE: OR TRADE SCHOOL:	Name of School _ Dates attended _ Degree	Areas	Date of Study	Location of Graduation
COLLEGE: OR TRADE SCHOOL:	Name of School _ Dates attended _ Degree	Areas	Date of Study	Locationof Graduation
COLLEGE: OR TRADE SCHOOL:	Name of School _ Dates attended _ Degree	Areas	Date of Study	Locationof Graduation
OTHER:				
ESPECIALL	Y EQUIP YOU FOR I	REFEREN	CES	
	W THE NAMES OF 3 OR MORE; (One sho			YOU WHOM YOU HAVE KNOWN ian worker)
NAME		ADDRESS		
TITLE				
PHONE #(	<u>)</u>	BUSINESS	=======	YRS. ACQUAINTED
NAME		ADDRESS	·	
TITLE				
PHONE #(	)	BUSINESS	=======================================	YRS. ACQUAINTED
NAME		ADDRESS	MARTINE STREET	
PHONE #(	)	BUS I NESS		YRS. ACQUAINTED

## FORMER EMPLOYERS

LIST BELOW LAST THRE	E EMPLOYERS, STARTING	WITH THE MOST RECENT:
Name	Start Date	Leaving Date
Address	Starting Pay Job Title	Present Pay Phone #()
May we contact?	Name of Supervisor	Title
Description of Work_		
Reason for Leaving_	=======================================	
Name	Start Date	Leaving Date
Address	Starting Pay Job Title	Leaving Pay Phone #()
May we contact?	Name of Supervisor	Title
Description of Work_		
Reason for Leaving	=======================================	
Name	Start Date	Leaving Date ,
Address	Starting Pay Job Title	Leaving Pay
May we contact?	Name of Supervisor	Title
Description of Work_	- 03	
Reason for Leaving		
AVE YOU EVER BEEN CON	VICTED OF ANY FELONIES	5?
AVE YOU EVER BEEN CON'	VICTED OF ANY CRIMES C	CONCERNING SEXUAL/PHYSICAL ABUS
F YES, EXPLAIN		

PLEASE	GIVE	A E	BRIEF	TESTIMONY	OF	YOUR	CONVERSION	AND	CHRISTIAN	SERVICE:
5										
6									, and the second	
The inf and com employe dismiss contain employm otherwi	ormat plete d, an al. ed he ent a se, a	ion to y fa You rei	prov the alse are n and any p	best of my statements hereby aut the refer ertinent i	kn kn kor chor enc nfo	lowled ll be ized es li ermati	application  ge. I undered  considered  to investig  sted above  on they may  m all liabi	rsta as ate conc hav	nd that if cause for all statem erning my e, persona	l am possible ents previous l or

Date\_\_\_\_\_Signature \_\_\_\_