

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Today's Date
Address	City	State	ZIP Code
Home Phone	Cell Phone	Best Contact Time	E-mail Address
When Are You Available to Begin Work?			
If hired, can you provide evidence that you are authorized and of legal age to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone

EDUCATION/TRAINING

TYPE	SCHOOL NAME/LOCATION	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL				
BUSINESS/TECHNICAL				
COLLEGE				
GRADUATE				
OTHER				

First-Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed	CPR Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed
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List any experience, certifications, or other training relevant to this position.

EMPLOYERS

(List all jobs and contracts held by you during the past five continuous years, if more space is needed, use separate sheet of paper)

CURRENT EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	Start (Date):	End (Date):	Start/End Salary
Reason for Leaving		Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	Start (Date):	End (Date):	Start/End Salary
Reason for Leaving		Supervisor	

MILITARY STATUS

Have You Served in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Start Date	End Date
Rank/Rate at Discharge	Type of Service	Type of Discharge	

BACKGROUND INFORMATION

Have you ever been <u>convicted</u> of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any physical or emotional conditions that might keep you from safely and effectively working with children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been exposed to an incident of child abuse or neglect? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "Yes" to any of the above questions, please explain in detail:			
Please list anything that may inhibit your abilities serve children/youth in any way.			
What qualities do you have that would help you work with children/youth?			
Have you ever worked in childcare in the past? If so, please list below. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Childcare Position Held	Start (Date):	End (Date):	Supervisor
Childcare Position Held	Start (Date):	End (Date):	Supervisor
Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Why would you like to work in this position?			

BACKGROUND INFORMATION CONT.

Are you a member of Cypress Church? If Yes, for how long? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you attend another church? Church Name? How long? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your relationship with God	
Briefly describe your view of church	

REFERENCES

Name	Address	Phone	Occupation	Relationship	Checked (Office Use)
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes

CHILD PROTECTION POLICY RECEIPT

I have received and read a copy of the Child & Volunteer Protection Policy of Cypress Church. I have had the opportunity to ask and discuss any questions about it. I agree to abide by the policies and procedures contained therein.

Printed Name
Signature Date

APPLICANT'S CERTIFICATION & PERMISSIONS

I certify that this application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I authorize any references, churches, or organizations to release information to Cypress Community Church and I release all such references from liability for any damage that may result from furnishing such evaluations, and I waive any right that I may have to inspect references provided on my behalf. I hereby give Cypress Community Church permission to contact my references and government agencies.

Should my application be accepted, I agree to follow the policies & procedures of Cypress Community Church in the performance of my service on behalf of the church. Signing below indicates my willingness to be background checked and/or fingerprinted.

Law enforcement agencies strongly suggest that all organizations working with minors do background checks and take fingerprints of all workers. We understand this may make some uncomfortable, but we assure you this is done only with the interests of our children/youth/young adults in mind, and any result will be kept in the strictest confidence by our staff. Signing indicates your willingness to be background checked and/or fingerprinted.

I, the undersigned applicant, authorize Cypress Community Church through its independent contractor, to procure background information (also known as a "consumer report/or investigative consumer report") about me. This report may include my driving history, including traffic citations; a social security number verification present and former addresses; criminal and civil history/records; and the state sex offender records.

Printed Name		
Signature	Date	
Office Use Only:	Background Check Completed <input type="checkbox"/> Yes	Child Protection Training Completed <input type="checkbox"/> Yes

All information in this application is confidential.

Background Check Next Steps

- You will be emailed a link to the Background Check
- Click the link and fill-out the necessary information

Thank you for your interest in working at Cypress Church. Please return application to the Cypress Church office.

Fax: 831.484.5065
Attn: Children's Ministry
Email: kylie@cypresschurch.org

