



Application for Employment

PERSONAL & CONFIDENTIAL

Name _____

Application Date: ____ / ____ / ____

Thank you for your interest in Life Acton Ministries!

We pray that you will be blessed and counseled by God as you go through the application process. Many have said that it was “the process itself that clarified God’s will for me at this time.”

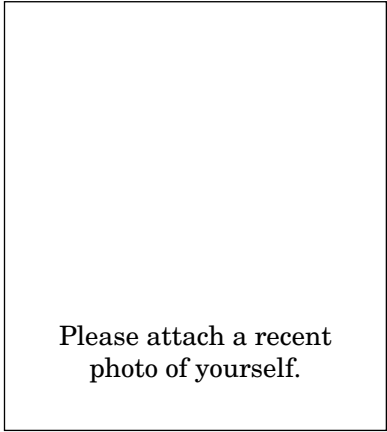
Beginning with this application, together with the subsequent events that follow, this process can be likened to a “journey” that God will use to answer your prayers and ours for guidance and wisdom.

May God grant you a blessed journey and open our eyes to know His will.

*“ . . . The harvest truly is plenteous, but the labourers are few;
Pray ye therefore the Lord of the harvest, that he will send forth
labourers into his harvest.”*

Matthew 9:37-38

Return completed Application to:
Human Resource Department
Life Action Ministries
P.O. Box 31 Buchanan, MI 49107-0031



GENERAL INFORMATION: (Please print legibly, answering all questions.)

Name _____

(Legal) Last First Middle

Home Phone (____) _____ School/Business Phone (____) _____

Cell Phone (____) _____ Email: _____

Mailing Address _____

Street Number

City State Zip

Permanent Address _____

Street Number

City State Zip

Date of Birth: ____ / ____ / ____

Male/Female: _____

If you are not a U.S. citizen:

1. Do you have the legal right to work in the U.S.? Yes No

2. Visa classification and number _____

Are you applying for a specific position or to use a particular gift or skill? Please explain: _____

POSITION(S) APPLIED FOR:

Please indicate up to five ministry position preferences ranked in order of choice from one to five.
Selection will be made in prayer on the basis of your gifts, talents, skills and available openings.

National Ministry Center

___ Accounting/Bookkeeping

___ Administrative Assistant

___ Grounds Maintenance

___ Information Technology

___ Data Processing

___ Editorial Services

___ Graphic Designer

___ Business Management

___ Marketing/Public Relations

___ Music Department

___ Human Resources Department

___ Shipping & Receiving

___ Audio-Media Technician

___ Scheduling Department

___ Librarian & Resource Manager

___ Office Management

Road Team Ministries

___ Children's Ministries

___ Audio Technician

___ Financial Coordinator

___ Multi-Media Technician

___ Pianist

___ Schoolteacher

___ Singer

Pastor & Conference

Lodge Ministry

___ Counseling

___ Pastor Ministry

___ Food Service

___ Gardener/Grounds Development

___ Conference Management

___ Housekeeping

Retreat & Conference Center

___ Administration

___ Grounds Maintenance

___ Food Service

___ Housekeeping

___ Secretary

___ Construction/Maintenance

___ Vehicle Mechanic

Revive Our Hearts

Women's Ministry

___ Editorial Services

___ Public Relations/Marketing

___ Radio Production

___ Administrative Assistant

___ Audio-Video Technician

___ Product & Resources

___ Scheduling Department

CONTACT WITH LIFE ACTION MINISTRIES:

1. How did you become aware of ministry opportunities with Life Action? _____

2. What Life Action programs have you attended? Crusade ____ One-night Production ____
Family Camp ____ Seminar ____ Workshop/Conference ____ None ____
Other: _____
3. Do you have any close friends or acquaintances in Life Action? ____ Yes ____ No
If yes, who? _____
4. Name the Life Action personnel with whom you spoke about your future involvement in our ministry.

AVAILABILITY:

1. When are you available to begin service with Life Action? ____ / ____ / ____
2. Are you willing to travel if a job requires it? ____ Yes ____ No

HEALTH:

1. Is your health: ____ Excellent ____ Good ____ Fair ____ Poor?
2. Do you have any health problems which may limit your ability to perform the ministry for which you have applied (e.g., back or knee problems)? ____ Yes ____ No If yes, please explain. _____

3. Height _____ Weight _____
4. Do you have nervous, mental, or emotional disorders which may limit your ability to perform the ministry for which you have applied? ____ Yes ____ No If yes, please explain. _____

5. Do you frequently experience any sickness which may limit your ability to perform the ministry for which you have applied? ____ Yes ____ No If yes, please explain. _____

6. Are you presently under medication prescribed by a physician? ____ Yes ____ No
If yes, what medication? _____
7. Do you have any chronic diseases or allergies which may affect your ability to perform the ministry for which you have applied? ____ Yes ____ No If yes, please explain. _____

8. Do you frequently experience depression, moodiness, or negativeness which may affect your ability to perform the ministry for which you have applied? ____ Yes ____ No If yes, give an example from a recent experience. _____

CHURCH / SPIRITUAL BACKGROUND:

- 1. When did you become a Christian? _____
- 2. Name and denomination of church you are now attending. _____
- 3. How long have you attended this particular church? _____ Are you a member? _____
- 4. Are you a licensed minister? _____ Ordained? _____ Year _____
By Whom? _____

MARITAL AND FAMILY STATUS:

- 1. _____ Single
- 2. _____ Engaged
Is Fiancé on Life Action Ministries staff? _____ If not, is he/she applying for Life Action Ministries staff? _____
When do you expect to marry? _____ Fiancé(e)'s name (include maiden) _____
- 3. _____ Married Marriage Date _____ / _____ / _____
Spouse's Name _____ Spouse's Birthday _____ / _____ / _____
- 4. Have you ever been divorced, separated, or had an annulment of marriage? _____ Yes _____ No
If yes, please give the date of the final decree and grounds upon which it was granted. _____ / _____ / _____

- 5. Please list your children and/or dependents:

Name	Relationship	Occupation	Birth Date	Dependent (yes/no)
- 6. If your wife is expecting a child, please give approximate date of birth. _____ / _____ / _____
- 7. Are your children and/or dependents in good health? _____ Yes _____ No
If no, please explain. _____

IN CASE OF EMERGENCY PLEASE CONTACT: (Name other than spouse or fiancé)

Name	Relationship to you
Address	(_____) Phone
City	State Zip

PERSONAL INFORMATION:

- 1. Do you now or have you ever used any narcotics, hallucinogens or drugs not prescribed by a physician?
 ___ Yes ___ No If yes, what kind and when? _____
- 2. Do you now drink alcoholic beverages? ___ Yes ___ No
- 3. Do you now smoke? ___ Yes ___ No Do you now use other tobacco products? ___ Yes ___ No
 If yes, what kind? _____
- 4. Would you be willing to give up any life-styles or habits that would interfere with your testimony or influence as a Life Action staff member? ___ Yes ___ No
- 5. Have you ever been convicted of any crime? ___ Yes ___ No If yes, give date, location and _____
 disposition of the case. _____

MILITARY INFORMATION:

- 1. Are you registered for U.S. military service? Yes No If known, selective service # _____
- 2. Are you a veteran of military service? Yes No
 If yes: a. What was your branch of military service? _____
 b. Type of work _____ c. Rank on release _____
 d. Completed years of service _____ e. Type of separation _____

EDUCATION:

During your K-12 education, please state what grades you attended any of these schools:

Public school _____, Private School _____, Home School _____.

Provide education information for all schools attended, beginning with high school. Please include high school, college, secretarial, nursing, technical, Bible Instiutue, Seminary, other.

	School	City/State	Dates Attended	Major	Date of Graduation	Diploma/Degree
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

EMPLOYMENT EXPERIENCE:

PRESENT OR LAST EMPLOYER

- 1. Employer _____ Dates employed: from ____ / ____ to ____ / ____
 Address _____
 Phone (____) _____ Type of work/Title _____
 Reason for leaving _____
 If employed, may we send a reference form to your present employer? _____
 If yes, to whom should the references be addressed? Mr. Mrs. Miss _____

PREVIOUS EMPLOYMENT:

1. **Employer** _____ Dates employed: from ____ / ____ to ____ / ____
Address _____
Reason for leaving _____ Phone number (____) _____
Type of work/Title _____

2. **Employer** _____ Dates employed: from ____ / ____ to ____ / ____
Address _____
Reason for leaving _____ Phone number (____) _____
Type of work/Title _____

3. **Employer** _____ Dates employed: from ____ / ____ to ____ / ____
Address _____
Reason for leaving _____ Phone number (____) _____
Type of work/Title _____

4. **Employer** _____ Dates employed: from ____ / ____ to ____ / ____
Address _____
Reason for leaving _____ Phone number (____) _____
Type of work/Title _____

BIOGRAPHICAL INFORMATION:

Enclose with your application the following biographical information in three pages or less. (Please type.)

1. **SALVATION:** State how and when you became a Christian and evidence of your growth in Christ. Describe how you pursue this growth and what God has been teaching you recently.
2. **CHRISTIAN SERVICE:** Describe any full-time or part-time Christian service you have performed. Include any training you've had and whether you were a leader or participant.
3. **CALLING:** Explain how and why you believe God is leading you to serve with Life Action Ministries. Include any specific ministry within Life Action that you may be applying for.
4. **RELATIONSHIPS:** Share your personal biographical experiences incorporating: Your family background/upbringing and how it has affected who you are today, your current relationship with members of your immediate family, and other significant experiences, which have contributed to the person you are today.
5. **ACTIVITIES:** Describe your extra-curricular activities, membership, and offices held in associations, organizations, college, church groups, government, and business. Also include honors, awards, achievements, and published articles in college or profession.
6. **ADDITIONAL INFORMATION:** Share what you like to do for recreation with others or alone. Share any additional information you believe may be helpful when considering your application.

FINANCIAL INFORMATION:

Since our staff members live on limited incomes, it is important for us to know the extent of your financial obligations.

1. Do you have any indebtedness? _____ If yes, please list all indebtedness below.

Purpose of Debt	Total Remaining Debt	Monthly Payments
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. What is your current annual salary level? _____
(If married, indicate your personal salary only).

REFERENCES:

List three references, including pastor, spiritual leader, and someone acquainted with your qualifications in your specified area of service.

1. PASTOR

Name _____ Length of Acquaintance: _____
Church Name _____
Church Address _____
Street Number City State Zip
Phone (____) _____

2. TEACHER, BUSINESS ASSOCIATE, FORMER EMPLOYER (Circle: Rev. / Dr. / Mr. / Mrs. / Miss)

Name _____ Length of Acquaintance: _____
Address _____
Street Number City State Zip
Phone (____) _____

3. OTHER, PEER, FRIEND (Circle: Rev. / Dr. / Mr. / Mrs. / Miss)

Name _____ Length of Acquaintance: _____
Address _____
Street Number City State Zip
Phone (____) _____
Relationship _____

Life Action Ministries is a religious order under the terms of the Internal Revenue Service,
and qualifies as such because of beliefs, mission and lifestyles, which our staff members hold in common.

DECLARATION AND AGREEMENT

The filling out of this "Application for Employment" does not indicate that there are vacant positions and in no way obligates Life Action Ministries. I agree that any false statements on the "Application for Employment" or in a personal or telephone interview shall be sufficient cause for rejection or dismissal. I hereby grant permission for Life Action Ministries to investigate any of the information included in this application and agree to a background check, and medical examination, including blood tests, by a medical doctor, if required by the organization. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

If I am employed by Life Action Ministries, in consideration of such employment, I agree to conform to the rules and regulations of Life Action Ministries, and I agree that my employment and compensation can be terminated, with or without cause, at any time at the option of either Life Action Ministries or myself.

I am aware that if accepted I am responsible to raise whatever financial support is necessary to fund my participation in ministry with Life Action Ministries.

Signature of Applicant

____/____/____
Date

STATEMENT OF FAITH

Please read and sign Life Action Ministries' Statement of Faith.

We believe in one God, Creator and Lord of the universe, eternally existing in three persons: Father, Son, and Holy Spirit.

We believe that the Bible, both Old and New Testaments, is God's authoritative, inspired Word. It is without error in all its teachings, including creation, history, its own origins and salvation. It is the supreme and final authority in all matters of belief and conduct.

We believe that Jesus Christ, God's Son, was conceived by the Holy Spirit, born of the Virgin Mary, lived a sinless life, died a substitutionary atoning death on the Cross, rose bodily from the dead and ascended to heaven, where as truly God and truly man, He is the only mediator between God and man.

We believe in the necessity of the work of the Holy Spirit for the individual's new birth and growth to maturity and for the Church's constant renewal in truth, wisdom, faith, holiness, love, power, and mission. Every believer is called to live and walk in the power of the indwelling Holy Spirit so that he will bear fruit to the glory of God and not fulfill the lusts of the flesh.

We believe that all people are lost sinners and cannot see the Kingdom of God, except through the new birth which takes place through repentance of sin and faith toward God. Justification is by grace through faith in Christ alone.

Jesus Christ is the Head of the Church which is made up of all believers everywhere in the world, and locally the church is a group of baptized believers who are organized to do God's will. Its calling is to worship God, and witness concerning its Head, Jesus Christ, preaching the Gospel among all nations and demonstrating its commitment by compassionate service to the needs of human beings and by promoting righteousness and justice.

We believe that Jesus Christ will personally and visibly return in glory to raise the dead and bring salvation and judgment to completion. God will fully manifest His Kingdom when He establishes a new heaven and new earth, in which He will be glorified forever and exclude all evil, suffering, and death.

Without reservation, I hereby declare that I have read, understand, and subscribe to the Life Action Ministries' Statement of Faith.

Signature of Applicant

____/____/____

Our Mission is our passion . . .

*. . . to glorify God
through a revival among God's people,
resulting in a spiritual awakening
among the lost.*



Human Resource Department
P.O. Box 31 • Buchanan, MI 49107-0031
800-321-1538 • Email: recruiting@LifeAction.org • www.LifeAction.org