

# **GOSPEL EXPRESS MINISTRIES**

## **STAFF APPLICATION**

This is a general information form. Please complete all the items that apply to you. Submitting this form involves no obligation. The information you provide will help us to become better acquainted with you and to work with you for a possible assignment.

Gospel Express Ministries PO Box 217 | Lynn, NC 28750

Name				Date
	First	Middle	Last	
Address				
City			State	Zip
Home Phone (_	)		Cell Phone (	)
Email			Sex: □ l	Male □ Female
Age	Birth Date _	B	Birthplace (City, Stat	e)
Please advise u	s of any traffic	citations and/or	accidents you have	had in the past 3 years.
		<b>FA</b> ]	MILY	
Marital Status (		Single □ Engag Divorced □ Ren		'idowed □ Separated
Name of Spous	e or Fiancé			
Date of Marriag	ge			
If married, how	does your spo	ouse feel about th	nis opportunity?	
Names and birt	th dates of child	dren and/or othe	er dependents:	

Name of Father	
	Citizenship
Home Church	Cell ()
Name of Markley	
Name of Mother	
<del>-</del>	Citizenship
	Cell ()
Address of Parents	
City	
Home Phone ()	-
Names and ages of brothers & sisters	
	and their level of support for you in this ministry
opportunity.	
	y in case of an emergency. This can be parents but
should include at least one other person.	
	()
FAITH of	& CHURCH
State briefly how you feel about your relation	nship with your church.
	<u> </u>
Do you feel your home church would suppor	t you in this ministry via prayer and/or financial
assistance? Explain.	
Denomination	
Conference	
Name of congregation	

Name of Pastor		
Address		
City	State Zip	
Home Phone ()	Cell Phone ()	
Are you a born again Christian? ☐ Yes ☐ No	How long?	
What made you want to become a Christian?		
Please share a brief written testimony of your fa	aith in Christ and spiritual journey	
	***************************************	
Name one or two persons of authority in your li authority.		
SKILLS & EX	XPERIENCE	
Briefly describe your natural personality and ch		
Summarize your experience in church assign of the following: Pastor, Sunday School Teache Worship Team, Bible School Teacher, Bible School	er, Sunday School Superintendent, Song Lea	der/
School Teacher.	•	

What are your hobbies? What do you do for recreation?		
<b>Interests and Abilities:</b> Circle <i>I</i> for areas which you have experience.	in which you have an interest and $\boldsymbol{E}$ for areas in	
I E - Administrative Work	I E - Bible Teaching	
I E - Bookkeeping	I E - Writing	
I E - Computer	I E - Counselor	
I E - Group Leadership	I E - Music	
I E - Graphic Design	I E - Public Speaking	
I E - Child Care	I E - Secretary	
I E - TypingWPM	I E - Singing	
I E - Other	I E - Other	
_	Since	
Present Occupation	Since	
Contact Person		
Daytime Phone ()		
Duties/Skills Learned		
May we contact your present employer?	□ Yes □ No	
may we contact your present employer:		
Former Occupation		
Dates Employed		
Contact Person		
Daytime Phone ()		
Duties/Skills Learned		

Former Occupation
Dates Employed
Contact Person
Daytime Phone ()
Duties/Skills Learned
<del></del>
Additional comments about training or experience.
<del> </del>
Have you ever served with a ministry before? □ Yes □ No If so, when?
And where?
What position are you applying for?
If this position is not available, are you open to other ministry opportunities? $\square$ Yes $\square$ No
If so, what?
Give reason(s) for wanting to enter this kind of service
When could you start? Length of term preferred?
Circle highest grade completed:
High School: 8 9 10 11 12 College: 1 2 3 4+

## **REFERENCES**

**Personal references:** Your pastor and employer will be contacted if applicable. List four additional references (*supervisor*, *fellow employee*, *relative*, *or friend*) that are in a position to judge your general character, motivation, and employment record. Do NOT include immediate family (*brothers*, *sisters*, *or in-laws*).

Contact Person	
Relation	
Contact Person	
Relation	
Contact Person	
Relation	
Contact Person	
Relation	Cell Phone ()
	HEALTH
<b>General Health (check one):</b> □ Exce	llent □ Good □ Fair
Do you have any weakness, allergy, or	r disability? □ Yes □ No
If yes, please describe	
	ity, payments, or family obligations that will require your  o If yes, please describe

#### GOSPEL EXPRESS STATEMENT OF FAITH

We believe the Bible is the infallible Word of God, the final authority. We teach Jesus Christ crucified, risen, and coming again. Personally accepting Him as Lord and Savior is the only means of salvation.

### STATEMENT OF COMMITMENT

By confession of Jesus Christ as my Savior and Lord, I am a born again believer. I commit myself to the control of the Holy Spirit and to the fellowship of believers.

My signature testifies that, to the best of my awareness, the information in this application is accurately represented.

Signature	Date
0	

Please return to:

Gospel Express Ministries
PO Box 217
Lynn, NC 28750
(828) 859-7003

Or email to:

mail@gospelexpress.com

If emailing the application, please attach a recent photo of yourself *(professional portrait preferred)*.

If mailing the application, please mail us the original copy with a recent photo of yourself (professional portrait preferred).