



Pastor John Hill, Executive Director

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~ PLEASE FILL OUT COMPLETELY ~

APPLICATION FOR EMPLOYMENT

Date Application Completed: ____ / ____ / ____

Name: _____
Last First Middle

Present Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Email Address (if you have one): _____

If you are under age 18, please state age: _____ (Continuation of employment is subject to verification at time of going on payroll.)

Social Security Number (SSN): _____ Birthdate: ____ / ____ / ____

Position for which you are applying _____

◇ Full-Time ◇ Part-Time ◇ Temporary

Hours available: _____ Date Available: _____

EMPLOYMENT

List past four (4) employers (include military service) or voluntary assignments beginning with the most recent. Provide as much detail as possible. Indicate any name or any employer you do not wish for us to contact. If you have a resume, you may write "See Resume".

Name and Address of Employer 1	Date Employed		Base Salary	Other Compensation (Overtime, Commission)
	Mo./Yr.	Mo./Yr.		
	From:	Start:	/ Mo.	
	To:	End:	/ Mo.	
	Business Phone: ()			
Position Held (Title):				
Responsibilities:				
Supervisor's Name:			Supervisor's Title:	
Reason for leaving:				

Name and Address of Employer 2	Date Employed		Base Salary	Other Compensation (Overtime, Commission)
	Mo./Yr.	Mo./Yr.		
	From:	Start:	/ Mo.	
	To:	End:	/ Mo.	
	Business Phone: ()			
Position Held (Title):				
Responsibilities:				
Supervisor's Name:			Supervisor's Title:	
Reason for leaving:				

Name and Address of Employer 3	Date Employed		Base Salary	Other Compensation (Overtime, Commission)
	Mo./Yr.	Mo./Yr.		
	From:	Start:	/ Mo.	
	To:	End:	/ Mo.	
	Business Phone: ()			
Position Held (Title):				
Responsibilities:				
Supervisor's Name:			Supervisor's Title:	
Reason for leaving:				

Name and Address of Employer 4	Date Employed		Base Salary	Other Compensation (Overtime, Commission)
	Mo./Yr.	Mo./Yr.		
	From:	Start:	/ Mo.	
	To:	End:	/ Mo.	
	Business Phone: ()			
Position Held (Title):				
Responsibilities:				
Supervisor's Name:			Supervisor's Title:	
Reason for leaving:				

UNEMPLOYMENT RECORD

Account for all breaks in employment of 2 weeks duration or more since graduating high school or college until now.

From:	To:	State what you were doing:
Month / Year	Month / Year	

EDUCATION

Circle highest grade completed

Elementary
1 2 3 4 5 6 7 8

High School
9 10 11 12

College / University
1 2 3 4 5 6 7 8

List schools attended beginning with High School, including Technical Schools and other special training.

	Level of School	Name of School; City / State / Country	Year(s) Attended	Degree or Certificate?	Studies
1	Elementary School				
2	High School				
3	College / University				
4	College / University				
5	Graduate School				

Specialized Training, Apprenticeship, Extracurricular Activities

Specialized Job-Related Skills and Qualifications from Employment or Other Experience

PERSONAL

Have you ever applied to us before? If yes, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by ARM? If yes, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a relative or friend employed with us? If yes, who?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are offered a position with ARM, will you have a drug test at our expense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are offered a position with ARM, will you have a physical examination at our expense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain why:		
Are you a member of a Reserve or National Guard component?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain and include any job related training or experience that you received:		
Have you ever been convicted of a crime (other than a traffic violation)? Conviction will not necessarily disqualify you from employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime under a different name? If yes, what name(s):
		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		
If you are applying for a position that requires driving, do you have an appropriate license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If applying for a position that requires driving, have you ever been ticketed for a moving traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, does your immigration status permit you to work? (Proof must be provided: Visa, Green Card, Social Security Card, & Driver's License)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on "layoff" status, subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what date will you be available for work?		

REFERENCES

List those familiar with your capabilities in addition to the supervisors previously noted under employment (do not list relatives)

	Name	Years Known	Home or Business Address	Home or Business Phone
1				
2				
3				
4				

**ALBUQUERQUE RESCUE MISSION
ALBUQUERQUE, NEW MEXICO**

The Albuquerque Rescue Mission is a non-denominational church, religious organization, charitable, non-profit corporation registered on the Federal and State levels as a 501 (c) (3) organization.

Vision Statement

We are a vital Christ-centered ministry anointed by God to share His love with the hopeless and homeless: whose lives, and those around them, are transformed in a way that brings joy, peace, and respect to them; and glory to God.

Mission Statement

Our purpose is to show the restoring love of Jesus to hopeless and homeless men, women, and children resulting in spiritual and emotional healing, and life-long discipleship to Jesus. To fulfill our Mission, we provide (1) Food, (2) Clothing, (3) Shelter, (4) Education, (5) Mentoring, and (6) Biblical Counsel.

Statement of Faith and Minimum Spiritual Requirements

It is essential that each staff member believe in, comply with, and adhere to the following statement of faith and spiritual requirements contained in Article III, Section I and 2, in the Amended By – Laws of Albuquerque Rescue Mission.

Section 1: Statement of Faith.

The following statement of faith is a list of things that we believe in. These spiritual requirements for volunteer participation and / or employment are detailed as follows:

- | | |
|--|--|
| a. Do you believe the Holy Bible to be the only inspired, infallible, authoritative Word of God? | <input type="checkbox"/> I Do <input type="checkbox"/> I Do Not
<input type="checkbox"/> I Don't Know |
| b. Do you believe that there is one God, eternally existent in three persons: the Father, the Son, and the Holy Spirit? | <input type="checkbox"/> I Do <input type="checkbox"/> I Do Not
<input type="checkbox"/> I Don't Know |
| c. Do you believe in the deity of the Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death, through His shed blood, His bodily resurrection, His ascension to the right hand of God, the Father, and His personal return in power and glory? | <input type="checkbox"/> I Do <input type="checkbox"/> I Do Not
<input type="checkbox"/> I Don't Know |
| d. Do you believe that for the salvation of lost and sinful men, regeneration is absolutely essential? | <input type="checkbox"/> I Do <input type="checkbox"/> I Do Not
<input type="checkbox"/> I Don't Know |
| e. Do you believe in the now and ever present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a victorious Godly life? | <input type="checkbox"/> I Do <input type="checkbox"/> I Do Not
<input type="checkbox"/> I Don't Know |
| f. Do you believe in the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved, and the everlasting, conscious punishment of the lost? | <input type="checkbox"/> I Do <input type="checkbox"/> I Do Not
<input type="checkbox"/> I Don't Know |
| g. Do you believe in the spiritual unity of believers in Jesus Christ? | <input type="checkbox"/> I Do <input type="checkbox"/> I Do Not
<input type="checkbox"/> I Don't Know |

Section 2: Spiritual Requirements.

Furthermore, all members of the Board of Directors, the Executive Director, and all full and part time staff members shall meet the following spiritual requirements for volunteer participation or employment:

1. Please tell us about your spiritual conversion in Jesus Christ and how you confessed Him as Savior and Lord.

2. Describe how you project the person and character of Jesus Christ in daily life by applying yourself toward growth in spiritual maturity.

3. Share with us your view regarding hopeless and homeless people.

4. Are you a consistent/committed participant in / or actively searching for a local Christian church that espouses spiritual conversion, as testified by a pastor or Christian leader? Yes No If no, please explain why:

What is your Pastor's name? _____

What is the name of your Church that you attend? _____

What is the address? _____

Phone Number? _____

How long have you been a member there? _____

Describe the frequency of your church attendance: (Please check only one): Often Sometimes Rarely

Describe your church involvement: _____

Have you ever served in Church Leadership? Yes No If yes, which areas?

To the best of my knowledge, the answers to all of the questions contained herein are true and correct, and I have not knowingly withheld any information which might in any way affect this application. I understand that any mis-statements or omissions of material facts to this application will be cause for dismissal and the extent to which a person satisfies the aforementioned requirements will be determined by the Board of Directors, or its designee, applying biblical standards. I also understand that this employment is for an indefinite period and may be terminated at-will by either the employee or the employer at any time without notice and without cause. I authorize investigation of all statements contained in this application.

Dated

Applicant Signature