



Employment Application

Please Print- Use Black Ink Only

Position Applying For: _____

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Home Number _____ Cell Number _____

E-mail Address _____

Best Way to Contact You _____ Best Time to Contact You _____

Current Address _____ City _____ State _____ Zip Code _____

How long have you lived at this address: _____ Previous Address _____

When would you be available to start? _____

List all other full addresses where you have lived as an adult _____

Educational Information

High School Graduate? ____ Yes ____ No School Name _____

If "No", did you receive a GED? ____ Yes ____ No City _____ State _____

College Graduate? ____ Yes ____ No Degree/Credit Hours _____ Major _____

Name of College/University/School _____ Dates Attended _____

Other/Technical? ____ Yes ____ No Degree/Credit Hours _____ Major _____

Name of Institution _____ Dates Attended _____

Licensure/ Certification Information

Licensure/ Certification Name: _____

License Number: _____ State Issued: _____ Expiration Date: _____ - _____

Licensure/ Certification Name: _____

License Number: _____ State Issued: _____ Expiration Date: _____ - _____

Employment History Information

Have you applied to/or worked for Voice of Hope Ministries in the past? ___ Yes ___ No

If "Yes", when and what position? _____

1

Employer Name: _____ Job Title: _____ Supervisor's Name: _____
Employer's City: _____ State: _____ Zip Code: _____ Phone Number: _____
From (format: MM/YY): _____ To (format: MM/YY) or Present: _____ Salary Per Year: _____
Brief Description on Duties: _____
Reason for leaving: _____

2

Employer Name: _____ Job Title: _____ Supervisor's Name: _____
Employer's City: _____ State: _____ Zip Code: _____ Phone Number: _____
From (format: MM/YY): _____ To (format: MM/YY) or Present: _____ Salary Per Year: _____
Brief Description on Duties: _____
Reason for leaving: _____

3

Employer Name: _____ Job Title: _____ Supervisor's Name: _____
Employer's City: _____ State: _____ Zip Code: _____ Phone Number: _____
From (format: MM/YY): _____ To (format: MM/YY) or Present: _____ Salary Per Year: _____
Brief Description on Duties: _____
Reason for leaving: _____

4

Employer Name: _____ Job Title: _____ Supervisor's Name: _____
Employer's City: _____ State: _____ Zip Code: _____ Phone Number: _____
From (format: MM/YY): _____ To (format: MM/YY) or Present: _____ Salary Per Year: _____
Brief Description on Duties: _____
Reason for leaving: _____

Other Skills

Use this area to list any other skills you would like to appear on your resume.

References

Please list three references including one professional (if applicable), one personal reference, and one family member. References must include one non-family member and one member of the opposite sex.

Reference #1: Professional Personal Family

Name _____ Phone Number _____

Address _____

Reference #2: Professional Personal Family

Name _____ Phone Number _____

Address _____

Reference #3: Professional Personal Family

Name _____ Phone Number _____

Address _____

Working With Children

List Previous Work Involving Children, Students or Special Needs Individuals. List each organization's name, address, type of work, dates, and a contact person familiar with your work there. (Use back of page for more space, if necessary.) _____

List any talents, vocations, preparation, training or other experiences which have equipped you to work with children, students, or special needs individuals: _____

Because Voice of Hope Ministries desires to protect the children in our care and programs, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy.

Why do you want to work with children at Voice of Hope? _____

Do you have a preference concerning the age group or sex of children or students with whom you would like to work? Why? _____

What is your philosophy concerning re-direction or discipline of children? _____

When you are unhappy, angry, or emotional about a person or circumstance, what do you do? _____

Have you experienced any significant physical or emotional stresses within the past year, such as loss of a parent, spouse, child, extreme health issues, emotional or physical crisis? If so, please briefly explain. _____

Do you consider yourself to have been physically or sexually abused as a child? (This information will be kept entirely confidential.) _____

Have you ever physically or sexually abused a child? _____

Has someone ever accused you of abusing a child? _____

Spirituality

Name of church you are attending _____

Pastor _____

Address _____

Telephone _____

Are you actively involved in your church? Yes No (if yes, how if not, why)

How are you presently sharing your faith with others?

In what spiritual way can you contribute to Voice of Hope?

In what area or areas are you weakest as a Christian?

In what area or areas are you strongest as a Christian?

Working in Ministry

Have you ever worked in a cross-cultural environment?

What are your personal plans for the next 5 years?

What benefits do you hope to gain from missionary work?

How do you see your involvement with Voice of Hope?

How long do you plan on being at Voice of Hope? (please circle)

Life Long Long Term (more than 3 years) Short Term (2 years or less)

**Fax transcript/ resume to: 214-631-7877 or mail to:
Voice of Hope Ministries
Business Office
P. O. Box 224845 • Dallas, Texas 75222-4845
4120 Gentry Drive • Dallas, Texas 75212**

Any candidate found to have knowingly submitted false or inaccurate information to Voice of Hope Ministries to obtain employment may be denied consideration for employment.

Signature: _____ **Date:** _____

Voice of Hope Ministries is an Equal Opportunity Employer

RELEASE

I authorize Voice of Hope Ministries to contact all individuals, organizations, and references listed on this Employment Application in order to verify the information I have provided. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references, as well as contact persons from my previous work with children, listed on this application.

I specifically authorize Voice of Hope Ministries to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification Will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about Me by any person or organization identified by me on this form.

I understand that as condition to employment I will be fingerprinted by and at an off-site third party provider in addition to the criminal background check.

Please complete the following information required for background check and fingerprinting: Gender M F
Social Security # _____ - _____ - _____ Driver's License # _____ State _____ Class _____
Race: _____ Eye Color: _____ Hair Color: _____
Height: _____ Weight: _____ Date of Birth: _____

By signing this form, I certify and affirm that the information I have given on this form is true, complete, and correct in all respects.

Signature: _____ Date _____