

Employment Application

IMPORTANT: Please <u>save a copy of this form to your own PC</u> before using it. Otherwise, your answers may not be saved. Simply select "File > Save As" from the menu on the upper left corner of your screen. Make sure to save it to a folder on your PC that you can locate again easily. Then print it out for mailing.

Mail completed form to:

Dale Boyer, CityLinC, 70 Calhoun Street, Battle Creek, MI 49017 or e-mail it to: daleboyer@citylinc.org.

Contact Information

Last Name		First		Middle
Street Address				
City, State, ZIP Code				
Email			Birth date	
Home Phone				
Cell Phone				
Social Security No.			Driver's License No.	
Availability: During	which hours ar	e you avai	lable to work?	
Weekday morningsWeekday afternoonsWeekday evenings	Weekend morningsWeekend afternoonsWeekend evenings			
Interests: Tell us in	n which areas y	ou are inte	erested in:	
ReceptionistOffice WorkHouse CleaningRepairs	Child (ies/Errands Care Yagon Events borhood Activ		•

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports, professional, social, or church organizations
Background Check
Important: Every applicant, regardless of criminal record, must consent to a background check. By completing the following information, and signing this application, you are consenting to have CityLinC perform a background check clearance.
Maiden Name:
Alias Name(s):
Race (required for search purposes):
Have you ever been convicted of a felony? No Yes (If yes, please explain in space below)
Explanation:
Have you ever been convicted of a lesser crime? No Yes (If yes, please explain below)
Explanation:
Have you been ordered by a judge to do community service? No Yes
Are you currently of probation or parole? No Yes

Employer Reference	
Employer or Name of Compa	any
Street Address	
City, State, ZIP Code	
Supervisor	
Phone(s)	
Personal Reference On	e
Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	
Personal Reference Tw	10
Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	
Person to Notify in Cas	e of Emergency
Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

NO

- 1. We believe the Bible to be the inspired, the only infallible authoritative Word of God.
- 2. We believe that there is one God, eternally existent in three persons; Father, Son and Holy Spirit.
- 3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return to power and glory.
- 4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- 5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.
- 6. We believe in the resurrection of both the saved and the lost they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- 7. We believe in the spiritual unity of believers in Jesus Christ.

Our Priorities: Are We a Good Fit for You? ____YES ____NO

- 1. A saving knowledge of Jesus Christ as Lord will bring people to dependence upon God and independence within society.
- 2. Our ministries should be proactive and biblically based in addressing the challenges that face our community. However, our assistance should be subordinate to the family and the church, which God has provided as the primary institutions for fostering God-honoring lifestyles.
- 3. Issues like teen pregnancy, drug and alcohol abuse, and violence, are caused by a root sin. Sexual integrity before and after marriage and freedom from the bondage of addiction can be achieved through a surrendered life to Jesus Christ.
- 4. God's Word is sufficient to address all of life's problems.
- 5. CityLinC Ministries is a unique place in which the broader Body of Christ can interact and minister to unbelievers.
- 6. Our ministry is best expressed through the participation of local churches as an effective means of assisting them in their ministry.
- 7. All people in our community should have an opportunity to experience a saving relationship with Christ.
- 8. God uses a variety of culturally relevant means to reach people with the Gospel.

Who We Are:

CityLinC Ministries is a 501(c) (3) non-profit ministry operating under the direction of a volunteer Board of Directors elected from a broad cross-section of Christians in the community.

Mission Statement:

We Connect: Children and Youth to Loving Families,

Families to Secure Futures,

Individuals to Caring Community, and

Community to Personal Faith.

Vision Statement:

We Will: Focus on Children and Youth who are high-risk

Fortify Families who need additional resources

Free Individuals to experience their God-given potential

Facilitate Community where separation exists

Foster Faith where there is no hope

Values:

We believe in: Competent Care

Christ-like Character

Compassionate Commitment

Please Read the Following Carefully and Sign Below

I understand and fully acknowledge that I am entering into an "AT WILL" relationship and that this relationship can be terminated at any time by me or by CityLinC for good cause, bad cause, or no cause at all.

I have read the CityLinC Ministries Mission, Vision, and Value Statements, as well as the CityLinC Statement of Faith and I am in agreement with these statements.

I further understand by signing this agreement, I give CityLinC permission to contact references, to check my driving and/or criminal background, if deemed appropriate. I understand I may have to give additional information to CityLinC to secure such records. I also give my permission for CityLinC to take photos for website, newsletters, and any other public relations activities.

It is my understanding that all information I provide to CityLinC is true and complete to the best of my knowledge. I understand that giving false information may be sufficient cause for immediate dismissal.

It is my understanding that I must provide information to CityLinC regarding any medical problems and/or medications I am currently taking. I further understand that I may be asked to undergo training and/or testing.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an employee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature (Handwritten or typed)	
Date	