

Fremont Community Church
 39700 Mission Boulevard
 Fremont, CA 94539
 510.657-0123 FAX 510.657-8793
 Web Site: www.gofcc.org

APPLICATION FOR A MINISTRY OPPORTUNITY

GENERAL INFORMATION

NAME _____ DATE ____/____/____
 ADDRESS _____ CITY _____ STATE ____ ZIP ____
 DO YOU CURRENTLY HAVE A SOCIAL SECURITY #? Yes ____ No ____ PHONE # (DAY) _____
 PHONE # (EVE) _____ (FAX) _____ (EMAIL) _____

WHAT POSITION ARE YOU SEEKING?	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME	DATE AVAILABLE: _____ SALARY DESIRED: _____
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LIST ANY REASONS KNOWN TO YOU THAT WOULD PREVENT YOU FROM BEING ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING: _____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELEGIBILITY TO WORK? YES NO

U.S. MILITARY EXPERIENCE

HAVE YOU RENDERED MILITARY SERVICE? YES NO DATES: _____
 HIGHEST RANK ACHIEVED: _____ ARE YOU STILL IN RESERVES? YES NO

KNOWLEDGE AND EXPERIENCE

PLEASE IDENTIFY YEARS OF EXPERIENCE YOU HAVE OPERATING THE FOLLOWING OFFICE EQUIPMENT/SOFTWARE:

EQUIPMENT	YEARS OF EXPERIENCE	SOFTWARE	YEARS OF EXPERIENCE
IBM COMPATIBLE COMPUTER	_____	MICROSOFT WINDOWS	_____
MACINTOSH COMPUTER	_____	MICROSOFT EXCEL	_____
LAMINATOR	_____	MICROSOFT WORD	_____
DICTAPHONE	_____	MICROSOFT ACCESS	_____
POSTAGE MACHINE	_____	POWERPOINT	_____
MULTI-LINE PHONE SYSTEM	_____	MICROSOFT OUTLOOK	_____
TYPING SPEED: _____ WPM	_____	OTHER: _____	_____
SHORTHAND SPEED: _____ WPM	_____	OTHER: _____	_____

PLEASE LIST ANY ADDITIONAL SKILLS OR PROFESSIONAL EXPERIENCE WHICH QUALIFY YOU FOR THIS POSITION:

EDUCATION

START WITH MOST RECENT INSTITUTION

NAME & LOCATION OF SCHOOL	DATES ATTENDED FROM/TO	GRADUATED?	DEGREE/MAJOR
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES Year ____ <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES Year ____ <input type="checkbox"/> NO	
OTHER		<input type="checkbox"/> YES Year ____ <input type="checkbox"/> NO	

WORK HISTORY

START WITH MOST RECENT JOB

Current or last employer		Address, city, state, zip			
Position		Supervisor or contact person for reference		Telephone no.	
Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)	Starting Salary	Ending Salary	Reason for leaving	
Please describe your duties					

Current or last employer		Address, city, state, zip			
Position		Supervisor or contact person for reference		Telephone no.	
Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)	Starting Salary	Ending Salary	Reason for leaving	
Please describe your duties					

Current or last employer		Address, city, state, zip			
Position		Supervisor or contact person for reference		Telephone no.	
Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)	Starting Salary	Ending Salary	Reason for leaving	
Please describe your duties					

REFERENCES

**PLEASE PROVIDE COMPLETE REFERENCE INFORMATION.
OMITTED INFORMATION MAY DELAY YOUR APPLICATION PROCESS.**

PROFESSIONAL REFERENCES:

- ❖ Give three references who are qualified to speak of your professional training and experience.
- ❖ List your current or most recent supervisor first.
- ❖ May we contact your present employer? YES NO

NAME	ADDRESS (Street, City, State, Zip)	PHONE	POSITION/ RELATIONSHIP

PERSONAL REFERENCES:

- ❖ Give three references who are qualified to speak of your spiritual experience and Christian service.
- ❖ DO NOT LIST IMMEDIATE FAMILY MEMBERS OR OTHER RELATIVES AS REFERENCES.
- ❖ List your current Pastor first.

NAME	ADDRESS (Street, City, State, Zip)	PHONE	POSITION/ RELATIONSHIP

CHURCH HISTORY

Please list names and addresses of former churches attended in chronological, beginning with your present church.

CHURCH	PASTOR	ADDRESS (Street, City, State, Zip)	PHONE	ATTENDED	MEMBER?
				From: _____ To: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
What do you enjoy most about your church?		What do you enjoy least about your church?			
				From: _____ To: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
What did you enjoy most about your church?		What did you enjoy least about your church?		Reasons for leaving: _____	
				From: _____ To: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
What did you enjoy most about your church?		What did you enjoy least about your church?		Reasons for leaving: _____	

APPLICANT'S STATEMENT – READ CAREFULLY!

In consideration of the receipt and evaluation of this application by Fremont Community Church (FCC), I agree and represent that:

- ❖ The information contained in this application is correct to the best of my knowledge. I understand and agree that providing false or misleading information on this application is grounds for immediate dismissal, if I am hired.
- ❖ I authorize any references, schools, current or former employers, current or former supervisors, churches or denominational agencies, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for employment. I hereby release any individual, employer, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** A facsimile or photocopy of this authorization shall be as valid as the original.
- ❖ I waive any right that I may have to inspect any information provided about me by any person or organization described above.
- ❖ Should my application be accepted, I agree to be bound by the bylaws and policies of Fremont Community Church, and to refrain from any conduct in violation of the church's teachings.
- ❖ I understand and agree that nothing contained in this application for employment or in any pre-employment interview is intended to or shall create a contract between Fremont Community Church and myself for either employment or the providing of any benefit. I further understand that a criminal records check may be conducted on me, and I consent to any such check.
- ❖ I understand that Fremont Community Church does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, or handicap. To do so would be in violation of Christian principles as set forth in God's word, the Bible.
- ❖ I further understand that any offer of employment is conditioned on the proof of legal authority to work in the U.S.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS, AND AGREE TO THEM. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.



Signature of applicant (unsigned applications will not be considered)

Date

STATEMENT OF FAITH

Fremont Community Church is interdenominational in its attitude and emphasis. Both the church and the school stand firmly on the changeless word of God as expressed in the following statement of historic evangelical Christianity. The following Statement of Faith is the doctrinal basis for all our religious teaching.

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God. (*II Timothy 3:16, II Peter 1:21*)
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit. (*Genesis 1:1, Matthew 28:19, John 10:30*)
3. We believe in the deity of our Lord Jesus Christ (*John 10:33*); in His virgin birth (*Isaiah 7:14, Matthew 1:23, Luke 1:35*); in His sinless life (*Hebrews 4:15*); in His miracles (*John 2:11*); in His vicarious atoning death through his shed blood, in His bodily resurrection (*John 11:25, I Corinthians 15:4*); in His ascension to the right hand of the Father (*Mark 16:19*); and in His personal return to power and glory (*Acts 1:11, Revelation 19:11*).
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential. (*John 3:16-19, John 5:24*)
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly, victorious life. (*Romans 8:13-14; I Corinthians 3:16, 6:19-20; Ephesians 4:30, 5:18*)
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. (*John 5:28-29*)
7. We believe in the spiritual unity of believers in our Lord Jesus Christ. (*Romans 8:9, I Corinthians 12:12-13, Galatians 3:26-28*)

I have read the above Statement of Faith and testify that it reflects my own convictions and understanding regarding the Christian Faith, and I fully support the statement as written without mental or spiritual reservations.

Applicant's Name (Please Print)

Applicant's Signature

Date

I support the above Statement of Faith except for the area(s) listed and explained on a separate paper. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Applicant's Name (Please Print)

Applicants Signature

Date

CRIMINAL RECORD STATEMENT

INSTRUCTIONS:

1. LICENSEE: See other side.
2. THE INDIVIDUAL COMPLETING THE STATEMENT: As a condition of your employment or presence in a community care facility, state law requires that you be fingerprinted and complete this affidavit.

Have you ever been convicted of a crime?
(Exclude any minor traffic violations for which the fine
Was \$50 or less)

YES NO

If yes, attach a signed statement indication the nature and
circumstances of the crime(s).

I declare under penalty of perjury that I have read and understand the information
contained in this affidavit and that my responses and accompanying attachments are
true and correct.

Signature County Where Signed Date

PROCEDURES FOR LICENSEES

1. Licensees shall, prior to date of employment or first day in the facility, have all persons subject to fingerprint requirements*:
 - a. fingerprinted
 - b. complete an affidavit on prior criminal record history
2. If the person(s) voluntarily discloses a history of criminal record convictions, the licensee shall review the person's attached statement indicating nature and circumstances of the conviction(s) and discuss with the licensing evaluator.
3. The licensee shall forward Fingerprint Forms with fee(s), if any, to the licensing agency within 20 days of the person's employment or initial presence in the facility.

*PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS

1. Applicant(s) for a license. If the applicant(s) is a firm, partnership, association or corporation, the Chief Executive Officer or person in like capacity (i.e. President or Chairman of the Board).
2. Adults responsible for administration or direct supervision of staff.
3. Any adult, other than a client, residing in the facility.
4. Any adult who provides client assistance in dressing, grooming, bathing or personal hygiene.
5. Any staff person or employee who has frequent and routine contact with the clients.

The following individual may be exempt from the fingerprinting requirements even though they may have frequent and routine contact with clients:

- a. Volunteers are exempt from the fingerprint requirements **unless** the volunteer is used to replace or supplement staff in providing direct care and supervision of clients.
- b. Staff and employees under direct on-site supervision who do not provide direct care and supervision or that have only intermittent contact with clients are exempt.
 - (1) Direct on-site supervision shall be defined as supervision by an immediate supervisor who is located on the facility premises where clients are housed or provided care.

In determining who has frequent and routine contact, consider the duties of the employee or volunteer and the type and degree of contact with the clients and discuss with the licensing evaluator.

6. Staff members of rehabilitation facilities except those specified in 1, 2, and 3 above are exempt, unless the facility serves any minors with alcohol or drug abuse problems.