



# FAMILY WORSHIP CENTER CHURCH, INC.

## JIMMY SWAGGART MINISTRIES

P.O. Box 262550 • Baton Rouge, LA 70826-2550

### EMPLOYMENT APPLICATION

Position Desired \_\_\_\_\_ Salary Expected \$ \_\_\_\_\_

Referred by \_\_\_\_\_

Work Desired  Full-time  Part-time  Permanent  Temporary

How did you learn about this position? \_\_\_\_\_

#### PERSONAL

Name \_\_\_\_\_  
Last First Middle Maiden

Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Years at this Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

If you have lived at this address less than two years, please give previous address: \_\_\_\_\_

\_\_\_\_\_ Years at that Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Address Phone Number

Have you ever worked at Jimmy Swaggart Ministries?  Yes  No Date \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are any members of your immediate family (children, brothers, sisters, parents spouse, and parents of your spouse) employed by Family Worship Center Church, Inc./Jimmy Swaggart Ministries.  Yes  No If yes, please list name(s) \_\_\_\_\_

Why are you interested in employment with JSM? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Are you authorized to work in the United States for any employer?  Yes  No

Will you now or in the future require employment visa sponsorship?  Yes  No

Proof of citizenship or employment eligibility will be required upon employment.

Can you drive an automobile if the job requires it?  Yes  No Driver's License # \_\_\_\_\_

If yes, do you possess a valid driver's license?  Yes  No State \_\_\_\_\_

Were you ever discharged or asked to resign by an employer?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, explain: \_\_\_\_\_

## EDUCATION

Are you presently in school or college?  Yes  No  No, but plan to return

Name of School or College Presently Attending: \_\_\_\_\_

Circle the highest year of schooling that you have completed:

4 5 6 7 8                      9 10 11 12                      13 14 15 16                      16+  
Grade School                      High School                      College                      College – Postgraduate

High School Diploma Received?  Yes  No Date \_\_\_\_\_ GED Received?  Yes  No Date \_\_\_\_\_

Beginning with the high school from which you graduated, please list, in consecutive order, each school attended:

|             | School | Location | Graduated Yes / No | Major / Minor |
|-------------|--------|----------|--------------------|---------------|
| High School |        |          |                    |               |
| High School |        |          |                    |               |
| College     |        |          |                    |               |
| College     |        |          |                    |               |
| Other       |        |          |                    |               |

May JSM request your transcript(s)?  Yes  No

## LICENSES, CERTIFICATES, AND PROFESSIONAL ORGANIZATIONS

List professional licenses which you hold, name of licensing authority, and license number: \_\_\_\_\_

List professional associations of which you are a member: \_\_\_\_\_

Please list all computer software programs with which you are familiar and your proficiency in each (example: MS Word, very proficient; MS Excel, mildly proficient): \_\_\_\_\_

Other Special Skills: \_\_\_\_\_

## MILITARY

Years of Military Service/Branch: \_\_\_\_\_

Rank Attained: \_\_\_\_\_

List skills and special training or experience: \_\_\_\_\_

Are you presently in the military reserves?  Yes  No

## EMPLOYMENT HISTORY

List below present and past employers beginning with your most recent. Do not put "See resume."

| Name and Address of Employer | From             |     | To            |     | Duties Performed:   |
|------------------------------|------------------|-----|---------------|-----|---------------------|
|                              | Mo.              | Yr. | Mo.           | Yr. |                     |
|                              |                  |     |               |     |                     |
|                              |                  |     |               |     |                     |
| Type of Business             | Beginning Salary |     | Ending Salary |     | Reason for Leaving: |
| Telephone (        )         |                  |     |               |     |                     |
| Job Title                    |                  |     |               |     |                     |

| Name and Address of Employer | From             |     | To            |     | Duties Performed:   |
|------------------------------|------------------|-----|---------------|-----|---------------------|
|                              | Mo.              | Yr. | Mo.           | Yr. |                     |
|                              |                  |     |               |     |                     |
|                              |                  |     |               |     |                     |
| Type of Business             | Beginning Salary |     | Ending Salary |     | Reason for Leaving: |
| Telephone (        )         |                  |     |               |     |                     |
| Job Title                    |                  |     |               |     |                     |

| Name and Address of Employer | From             |     | To            |     | Duties Performed:   |
|------------------------------|------------------|-----|---------------|-----|---------------------|
|                              | Mo.              | Yr. | Mo.           | Yr. |                     |
|                              |                  |     |               |     |                     |
|                              |                  |     |               |     |                     |
| Type of Business             | Beginning Salary |     | Ending Salary |     | Reason for Leaving: |
| Telephone (        )         |                  |     |               |     |                     |
| Job Title                    |                  |     |               |     |                     |

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|------------------------------|------------------|-----|---------------|-----|---------------------|
|                              | Mo.              | Yr. | Mo.           | Yr. |                     |
|                              |                  |     |               |     |                     |
|                              |                  |     |               |     |                     |
| Type of Business             | Beginning Salary |     | Ending Salary |     | Reason for Leaving: |
| Telephone (        )         |                  |     |               |     |                     |
| Job Title                    |                  |     |               |     |                     |

**PERSONAL REFERENCES**

List only those you have known over one year. (Business people preferred, no relatives.)

| Name | Address | Phone Number/Occupation |
|------|---------|-------------------------|
|      |         |                         |
|      |         |                         |
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|      |         |                         |
|      |         |                         |
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**RELIGION**

You are not required to answer any of the following questions and your failure to do so, or negative responses, will not affect consideration of your application for employment. Jimmy Swaggart Ministries' business, however, is the propagation of the Gospel of Jesus Christ, and any information furnished will help us better place you within the Ministry should you be hired.

1. Are you a born-again Christian? \_\_\_\_\_
  - a. If so, how long? \_\_\_\_\_
2. Where do you attend church? \_\_\_\_\_
  - a. How often do you attend? \_\_\_\_\_
  - b. Who is your pastor? \_\_\_\_\_
  - c. How long have you been attending there? \_\_\_\_\_
  - d. Are you a member of that church? \_\_\_\_\_
3. What activities are you currently involved in at your church (i.e. teaching, choir, etc.)? \_\_\_\_\_

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

In consideration of my employment, I agree to conform to the rules and regulations of the Ministry, and agree that my employment and compensation may be terminated, with or without cause, at any time, at the option of either the Ministry or myself. I understand that no representative of the Ministry has authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement with me contrary to the foregoing. I represent all statements on this application to be true and understand my employment may be terminated if any are not, or if I have failed to list a prior employer.

I grant this Ministry permission to receive any information it desires (including grades, rank in class, attendance, and transcripts) from the organizations, schools, former employers, and references, etc., listed on this application. By the signature below, I authorize the release of any conviction record I may have and health records including former disabling accidents and waive such legal rights that may arise and do release any and all persons from liability in connection with the furnishing of such information. (If hired, bring Social Security card, if under 18 years of age, bring a work permit.)

Signature \_\_\_\_\_ Date \_\_\_\_\_



## BACKGROUND INQUIRY RELEASE

In connection with employment (including contract for services) with Family Worship Center Church, Inc., I understand that investigative background inquiries are to be made on me, including criminal, driving, credit, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that Family Worship Center Church, Inc. or its authorized agent will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

READ CAREFULLY: I hereby acknowledge and agree that Family Worship Center Church, Inc. SHALL NOT BE LIABLE for the use of inaccurate or incomplete information provided to them by any investigative firm or authorized agent with which Family Worship Center Church, Inc. contracts or subcontracts in connection with this release. Additionally, any investigative firm or authorized agent SHALL NOT BE LIABLE for gathering or use of inaccurate or incomplete information in connection with this release.

- I authorize without reservation, the Custodians of Records and other sources of information pertaining to me to release any and all records and information upon presentation of this signed release.
- I hereby waive any privilege which may exist with regard to such records and express my desire that the investigator be given full and complete access to any records, without the custodian obtaining further consent from me.
- I understand that the information obtained by Family Worship Center Church, Inc. pursuant to this release is confidential and will be protected as much as reasonably possible. I understand that my employment with Family Worship Center Church, Inc. is conditioned upon acceptable results of the background inquiry as determined by Family Worship Center Church, Inc. I also understand that matters appearing on the background inquiry will not necessarily disqualify me from employment with Family Worship Center Church, Inc.
- I further agree that reproduced copy of this Release shall have the same force and effect as the original. This authorization is valid for the entire period of my employment or contract with Family Worship Center Church, Inc.
- I understand that the fee for the background check is \$35.00 and will be deducted from my first paycheck.

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|-----------|-----------------|------|
| Signature | Print Full Name | Date |
|-----------|-----------------|------|

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Other Names Used (include maiden name, prior married names, and aliases)

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|------------------------|------------------------------|
| Social Security Number | Drivers License Number/State |
|------------------------|------------------------------|

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|-----------------|------|-------|----------|
| Current Address | City | State | Zip Code |
|-----------------|------|-------|----------|

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|                    |      |       |          |
|--------------------|------|-------|----------|
| Last Prior Address | City | State | Zip Code |
|--------------------|------|-------|----------|

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|                                 |      |       |          |
|---------------------------------|------|-------|----------|
| Last Prior Out of State Address | City | State | Zip Code |
|---------------------------------|------|-------|----------|

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|-----------------------|---------------|
| Home Telephone Number | Date of Birth |
|-----------------------|---------------|