



LIVING STONE ALLIANCE CHURCH

OF THE CHRISTIAN AND MISSIONARY ALLIANCE



3131 N. Meade Street

Appleton, WI 54911

920-832-1310

FULL-TIME ASSOCIATE PASTOR APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLACK INK TO FACILITATE PHOTOCOPYING

I. PERSONAL INFORMATION

A. LAST NAME: _____

B. FIRST NAME: _____ MIDDLE NAME: _____

C. DATE OF BIRTH: _____ MARITAL STATUS: SINGLE OR MARRIED

D. HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E. HOME PHONE: () _____ CELL PHONE: () _____

II. EMPLOYMENT HISTORY: (STARTING WITH MOST CURRENT)

EMPLOYER	POSITION	DATE	PHONE #	REASON FOR LEAVING
1.				
2.				
3.				

III. VOLUNTEER WORK: (STARTING WITH MOST RECENT ONES)

ORGANIZATION	POSITION	DATE	CONTACT PERSON / PHONE #
1.			
2.			
3.			



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IV. EDUCATION (INCLUDE ONLY POST HIGH SCHOOL EDUCATION / TRAININGS)

COLLEGE	FROM	TO	DEGREE / CERTIFICATION
1.			
2.			
3.			

V. INTERESTS/HOBBIES:

VI. PERSONAL HISTORY:

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENSES (EXCLUDING TRAFFIC OFFENSES). YES NO

IF YES, EXPLAIN: _____

VI. REFERENCES:

1. CHURCH REFERENCE

A. CHURCH:
B. PASTOR:
C. ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____ CELL PHONE: () _____
D. OTHER INFORMATION:



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2. PROFESSIONAL REFERENCE

A. NAME:	
B. ADDRESS: _____	
CITY: _____ STATE: _____ ZIP: _____	
HOME PHONE: () CELL PHONE: ()	
C. ASSOCIATION:	
D. OTHER INFORMATION:	

3. PERSONAL REFERENCE

A. NAME:	
B. ADDRESS: _____	
CITY: _____ STATE: _____ ZIP: _____	
HOME PHONE:() CELL PHONE: ()	
C. RELATIONSHIP:	
D. OTHER INFORMATION:	

VII. PLEASE ATTACH A COVER LETTER AND RESUME

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY OF THE ENCLOSED INFORMATION IS FOUND TO BE UNTRUE OR MISLEADING, I MAY HAVE MY APPLICATION DISQUALIFIED OR BE SUBJECT TO DISMISSAL AFTER MY APPOINTMENT.

SIGNATURE: _____ DATE: _____