



Ministry Placement Application

While completing this application if you find it necessary to provide additional comments or explanations to questions asked, please attach additional sheets of paper.

General Information			
Last Name	First Name	Middle name	
Address Street	City	State	Zip
Previous Address	City	State	Zip
Telephone: Home	Cell		
Email address:			
Position desired:		Date available for employment:	
Are you seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer only			
Education Information			
Declared Major/Degree: _____		Expected graduation date: _____	
Hours completed towards degree: _____		Hours Enrolled: _____	
Briefly describe your ministry/career goals: _____ _____			
Prior Ministry Record (Start with name of most recent)			
PLEASE COMPLETE THIS SECTION EVEN IF YOU PLAN TO ATTACH A RESUME. List your last three ministry services, beginning with the most recent. Account for all periods of time including military service and periods of unemployment.			
Company/Church Name: _____			
Start date: _____ End date: _____ Hourly rate/salary: _____			
Telephone: _____			
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp			
Duties performed: _____			
Supervisor's Name: _____ Your job title: _____			
Reason for leaving: _____			
Company/Church Name: _____			
Start date: _____ End date: _____ Hourly rate/salary: _____			
Telephone: _____			
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp			
Duties performed: _____			
Supervisor's Name: _____ Your job title: _____			
Reason for leaving: _____			

Prior Ministry Record

Company name: _____
Start date: _____ End date: _____ Hourly rate/salary: _____
Telephone: _____
Status: Full-time Part-time Temp
Duties performed: _____
Supervisor's Name: _____ Your job title: _____
Reason for leaving: _____

May we contact the ministries listed above? YES NO *If no, indicate which one and why.* _____

References

List those familiar with your job performance, personal characteristics and spiritual commitment who have known you a MINIMUM OF ONE YEAR.
DO NOT LIST RELATIVES

Name	Years Known	Relationship	Organization	City, State	Phone number

Expectations

What are your specific expectations from this experience?: _____

Applicant's Statement – READ CAREFULLY

The facts set forth in my application are true and I completely understand that any false information or omission may disqualify me from further consideration, or, if I am granted an internship, may result in my dismissal from said internship if discovered at a later date.

I authorize the use of any information on this application and any attached supplements to verify my statements, and I authorize the past employers, schools, churches, all references, and any other persons or organizations whether or not identified in this application, to answer all questions asked concerning any ability, character, reputation, and previous employment or ministry record. I release all such persons from any and all liability or damages on account of having furnished such information.

Signature of Applicant _____ Date _____

NOTE: If this application is returned by mail, please address it to: "Attn: Director of Student Services" and mark the envelope "Personal and Confidential".

Applications are received internships are granted without regard to race, color, sex, and/or age. The receipt of this application neither means that an opening exists nor does it obligate Criswell College in any way. We appreciate your interest in this opportunity.