



GOSPEL EXPRESS MINISTRIES

STAFF APPLICATION

This is a general information form. Please complete all the items that apply to you. Submitting this form involves no obligation. The information you provide will help us to become better acquainted with you and to work with you for a possible assignment.

Gospel Express
PO Box 217
Lynn, NC 28750

If you need more room for any section, please continue on the back of the application.

Name _____ Date _____

First Middle Last

Present Address _____

Home Phone _____ Cell _____ Age _____

Birth Date _____ Birthplace (City, State) _____

Sex: M ___ F ___ Email Address _____

Please advise us of any traffic citations and/or accidents you have had in the past three years.

FAMILY

Marital Status: Single _____ Engaged _____ Married _____ Widowed _____

Separated _____ Divorced _____ Remarried _____

Name of Spouse or Fiancé _____

Date of Marriage _____

Names and birth dates of children and other dependents:

Name of Father _____

Occupation _____ Citizenship _____

Church Affiliation _____

Name of Mother _____

Occupation _____ Citizenship _____

Church Affiliation _____

Address of Parents _____

Home Phone: _____

Names and ages of brothers & sisters _____

Share briefly about your family relationships and their level of support for you in this ministry opportunity. _____

Names & phone numbers of persons to notify in case of an emergency. This can be parents, but should include at least one other person.

_____ (____) _____

_____ (____) _____

CHURCH & FAITH

State briefly how you feel about your relationship with your church _____

Do you feel your home church would support you in this ministry via prayer and/or financial assistance? _____

Denomination _____

Conference _____

Name of congregation _____

Name and address of pastor _____

Daytime phone (_____) _____ Evening phone(_____) _____

Are you a born again Christian? _____ How long? _____

What made you want to become a Christian? _____

Please share a brief written testimony of your faith in Christ and spiritual journey _____

How do you deal with trials and temptations in your Christian walk? _____

Name one or two persons of authority in your life and a thought on how you view those in authority _____

SKILLS & EXPERIENCE

Briefly describe your natural personality and character traits _____

Summarize your experience in church assignments or activities, noting particularly any of the following: Pastor, Sunday School Teacher, Sunday School Superintendent, Song Leader/Worship Team, Bible School Teacher, Bible School Superintendent, Youth Leader, Christian School Teacher. _____

What are your hobbies and what do you do for recreation? _____

Interests and Abilities: Circle **I** for areas in which you have an interest and **E** for areas in which you have experience.

I E - Administrative Work

I E - Bible Instruction

I E - Bookkeeping

I E - Writing

I E - Computer

I E - Counselor

I E - Group Leadership

I E - Music

I E - Graphic Design

I E - Public Speaking

I E - Child Care

I E - Secretary

I E - Typing _____ WPM

I E - Singing

I E - Other _____

I E - Other _____

Occupational Experience List below all positions in which you have received wages, including your present position. If a student or a recent graduate, include full-time jobs held for as long as two months, and part-time jobs held for as long as a school year.

Present Occupation _____ Since _____

Contact Person _____

Daytime Phone (_____) _____

Duties/Skills Learned _____

May we contact your present employer? _____

Former Occupation _____

Dates Employed _____

Contact Person _____ Daytime Phone(_____) _____

Duties/Skills Learned _____

Former Occupation _____

Dates Employed _____

Contact Person _____ Daytime Phone (_____) _____

Duties/Skills Learned _____

Additional comments about training or experience _____

Have you ever been in voluntary service before? _____ If so, when? _____

And where? _____

What position are you applying for? _____

If this position is not available, are you open to other ministry opportunities? _____

If so, what? _____

Give reason(s) for wanting to enter this kind of service. _____

When could you start? _____ Length of term preferred? _____

Circle highest grade completed:

High School: 8 9 10 11 12 College: 1 2 3 4

REFERENCES

Personal references: Your pastor and employer will be contacted if applicable. List four additional references (supervisor, fellow employee, relative, or friend) that are in a position to judge your general character, motivation, and employment record. Do NOT include immediate family (brothers, sisters, or in-laws).

Name _____ Relation _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Name _____ Relation _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Name _____ Relation _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Name _____ Relation _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Which of the following statements best describes your development in verbal personal witnessing?

- _____ 1. I do not feel deeply about verbal witnessing.
- _____ 2. I have a definite desire to verbally share the gospel with others, but often feel uncomfortable and ineffective in doing so.
- _____ 3. I find it easy to share my faith with others and have gained valuable experience in personal witnessing.

HEALTH

General Health: Excellent _____ Good _____ Fair _____

Do you have any weakness, allergy, or disability? Yes _____ No _____

If yes, please describe

How does this affect your work?

Name & address of physician

Do you have any financial responsibility or family obligations that will require your attention during service? _____ If yes, please describe _____

GOSPEL EXPRESS STATEMENT OF FAITH

We believe the Bible is the infallible Word of God, the final authority. We teach Jesus Christ crucified, risen, and coming again. Personally accepting Him as Lord and Savior is the only means of salvation.

STATEMENT OF COMMITMENT

By confession of Jesus Christ as my Savior and Lord, I am a born again believer. I commit myself to the control of the Holy Spirit and to the fellowship of believers.

My signature testifies that, to the best of my awareness, the information in this application is accurately represented.

Signature_____ Date_____

Please return to:

Gospel Express Ministries
PO Box 217
Lynn, NC 28750
(828) 859-7003
Fax (828) 859-7013

***Please enclose a recent photo.**

***If faxing in the application, please also mail us the original copy with a photo.**