

Name of Employer/Organization _____ Dates _____
Address _____ City _____ State _____ Zip _____
Positions Held _____ Paid? Yes No
Specific Responsibilities _____

Name of Employer/Organization _____ Dates _____
Address _____ City _____ State _____ Zip _____
Positions Held _____ Paid? Yes No
Specific Responsibilities _____



Have you ever been convicted of or pleaded guilty or no contest to a crime involving physical, emotional or sexual abuse? No Yes
If yes, please explain. (Attach a separate page, if necessary.) _____

Were you a victim of abuse or molestation while a minor? No Yes
If you prefer, you may refuse to answer this question, or you may discuss your answer with the chairperson of the search or nominating committee rather than answering it on this form.

Do you have any communicable disease? No Yes



List any gifts, callings, training, education, or other factors that have prepared you for ministry:

Personal References (not former employers or relatives):

| |
|-----------------------------|
| Name _____ |
| Address _____ |
| City/State/Zip _____ |

| |
|-----------------------------|
| Name _____ |
| Address _____ |
| City/State/Zip _____ |

Signature

Date