



# Cornerstone Community Church Employment Application

The application process requires the following elements be completed:

1. Background Check - Cornerstone Community Church Safe Practices Policy requires us to do a background check through Mutual of Enumclaw – IntelliCorp Records, Inc. *(If a background check reveals a prior sexual misconduct-related offense, you will be **permanently** ineligible to be involved in any way in the care, supervision and /or teaching of minors or vulnerable adults.*
2. Application.
3. A Resume attached
4. Email completed application to Pastor Bill Helland:

**PastorHelland@comcast.net**

All information is kept confidential and used only to help Cornerstone Community Church offer a safe and effective place to do ministry well.

Thank you again for your inquiring employment at Cornerstone Community Church

Cornerstone Community Church  
5732 Olson Rd  
(Mailing Address: PO Box 546)  
Ferndale, WA 98248  
www.cornerstoneferndale.org  
Phone: (360) 384-3661

## For Office Use Only

**Background check completed by** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Office Manager Signature)

**Reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Elder Board Member Signature)

**Reference Check** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Leadership Signature)

**Returned to Office Manager for Filing** \_\_\_\_\_  
**Date** \_\_\_\_\_

# CCC – Employment Application

Cornerstone Community Church  
5732 Olson Rd  
Ferndale, WA 98248  
Phone: (360) 384-3661  
www.cornerstoneferndale.org

This application is to be completed by all applicants for any volunteer position. This information will be used to help the church provide a safe and secure environment for those children, youth and vulnerable adults who participate in our programs and use our facilities, as well as to serve you better.

## GENERAL INFORMATION

Date \_\_\_\_\_

Full Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## BACKGROUND INFORMATION

Do you regularly attend CCC services? Yes / No If yes, since when: Month \_\_\_\_\_, Year \_\_\_\_\_

**Is there anything going on in your life that could potentially harm or hinder your ministry at CCC?**

Current habitual struggles or moral issues (an addiction, cohabitation, a sexual relationship outside of marriage, etc) that would bring shame on the name of Jesus Christ or on Cornerstone Community Church? Yes / No

Current marital struggles (infidelity, separation, divorce in process, etc.)? Yes / No

*If any of these things are going on in your life, we would like to know so that we can help you. It might be spiritually dangerous for you to be employed at CCC before you deal with this issue. We have a deep concern for the Spiritual well being of all who are employed at CCC.*

Have you completed the CCC Membership class? Yes / No

Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? ..... Yes / No

Are you currently in a small group? ..... Yes / No

Are you a member of Cornerstone Community Church? .....Yes / No

Are you comfortable with the doctrine of Cornerstone Community Church?.....Yes / No

Are you: Single Married Widowed Divorced

Do you have children of your own? Yes / No If yes, how many? \_\_\_\_\_

**POSITION APPLYING FOR:** \_\_\_\_\_

**What do you feel are your greatest strength, talents, skills, interests and or passions are?**

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*Tell us about your spiritual journey to date: (Please attach a separate sheet of paper if needed)*

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**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact number(s): \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies: \_\_\_\_\_

Medications in case of emergency: \_\_\_\_\_

Chronic Conditions: \_\_\_\_\_

**Position Preferences**

For what position are you applying?

Schedule desired \_\_\_\_\_ Full Time, \_\_\_\_\_ Part Time/ \_\_\_\_\_ Hours per week.

Are you willing to work Sundays? Yes / No

What date could you start work? \_\_\_\_\_

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

**Education**

**High School** Diploma Yes / No, or GED Yes / No

School Name \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_

Degree or # or years completed \_\_\_\_\_

**College**

School Name \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_

Degree or # or years completed \_\_\_\_\_, Major or Subject \_\_\_\_\_

Grade Point Average \_\_\_\_\_

**Graduate School**

School Name \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_

Degree or # of years completed \_\_\_\_\_, Major or Subject \_\_\_\_\_

*List any certificates earned or in progress, and/or any additional training programs not included in your formal education.*

**Previous Employment**

List your current or most recent employment first. Include work related internships, military, and volunteer work.

**Current Employer** \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_

Telephone Number \_\_\_\_\_, Supervisor's Name and Title \_\_\_\_\_

Position Title \_\_\_\_\_, Reason for Leaving \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_ Hour, \_\_\_ Week, \_\_\_ Month

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

May we contact your employer? Yes / No

**Previous Employer** \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_

Telephone Number \_\_\_\_\_, Supervisor's Name & Title \_\_\_\_\_

Position Title \_\_\_\_\_, Reason for Leaving \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Hour, \_\_\_\_\_ Week, \_\_\_\_\_ Month

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

May we contact your employer? Yes / No

**Previous Employer** \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_

Telephone Number \_\_\_\_\_, Supervisor's Name & Title \_\_\_\_\_

Position Title \_\_\_\_\_, Reason for Leaving \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Hour, \_\_\_\_\_ Week, \_\_\_\_\_ Month

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

May we contact your employer? Yes / No

**Professional References:**

Name \_\_\_\_\_, Title \_\_\_\_\_

Company \_\_\_\_\_, Phone \_\_\_\_\_,

Professional Relationship \_\_\_\_\_

Name \_\_\_\_\_, Title \_\_\_\_\_

Company \_\_\_\_\_, Phone \_\_\_\_\_,

Professional Relationship \_\_\_\_\_

Name \_\_\_\_\_, Title \_\_\_\_\_

Company \_\_\_\_\_, Phone \_\_\_\_\_,

Professional Relationship \_\_\_\_\_

## Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background checks will be made on me including previous employers and schools. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. I authorize without reservation; any party or agency contact to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information for Cornerstone Community Church and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_ **Initial Here.**

All hiring and employment at Cornerstone Community Church is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Cornerstone Community Church has no specific term and may be terminated by the employee or Cornerstone Community Church with or without notice. I acknowledge that Cornerstone Community Church has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Cornerstone Community Church and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Cornerstone Community Church. I agree to release and hold harmless Cornerstone Community Church from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment to me may be withdrawn or my subsequent employment with Cornerstone Community Church may be terminated.

\_\_\_\_\_ **Initial Here.**