



CHILDREN
OF THE NATIONS™

STAFF APPLICATION

Return entire application to: **Children of the Nations**
PO Box 3970
Silverdale, WA 98383

Personal Information				Date:	
Last Name:		First Name:		Middle Name:	
Street Address:		City, State:		Zip Code:	
Home Telephone:		Cell Phone:			
Work Telephone:		E-Mail:			
Upon employment, can you show verification of your legal right to work in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years old?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged from employment for any reason? If yes, please explain below.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony in the last seven years? If yes, please explain below.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Position Applying For					
Position Desired:		Classification: <input type="checkbox"/> Volunteer <input type="checkbox"/> Foreign Missionary Staff <input type="checkbox"/> Domestic Missionary Staff <input type="checkbox"/> Paid Administrative Staff			
Date Available to Start:		Days/Hours Available:			
How were you referred?		<input type="checkbox"/> Friend <input type="checkbox"/> Staff Member <input type="checkbox"/> Craigslist <input type="checkbox"/> COTN Web Site <input type="checkbox"/> Other: _____			
Are you or have you ever been an employee, intern or volunteer with COTN?		If yes, which type of employee were you?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer			
COTN Location where you worked:		In what capacity did you serve?		Dates of Employment:	
				From _____ To _____	
How did you become familiar with COTN?					
What motivates you to apply for this position at COTN?					
I have read the Children of the Nations Statement of Faith and can fully support the COTN Statement of Faith as written without reservation.					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
What church do you attend?		Are you a member?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Church Address:		Church Phone:		Pastor's Name:	

Education			
SCHOOL NAME	CITY, STATE	MAJOR COURSE OF STUDY	HIGHEST GRADE COMPLETED DIPLOMA/DEGREE
High School:			
College:			
Business, Technical, Trade School:			



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Activities, honors, offices held that are job related:			
Describe other job related skills:			
Work Experience (begin with most recent position)			
Employer:		Address:	
Phone Number:		Supervisor:	
		May we contact them?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Employed:		Starting Rate of Pay:	
From: To:		\$ \$	
Work Performed:			
Reason For Leaving (be specific):			
Employer:		Address:	
Phone Number:		Supervisor:	
		May we contact them?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Employed:		Starting Rate of Pay:	
From: To:		\$ \$	
Work Performed:			
Reason For Leaving (be specific):			
Employer:		Address:	
Phone Number:		Supervisor:	
		May we contact them?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Employed:		Starting Rate of Pay:	
From: To:		\$ \$	
Work Performed:			
Reason For Leaving (be specific):			
Specialized Skills			
What professional job related licenses/certifications do you hold?			
Which Microsoft Office applications are you proficient in?			
Which Adobe applications are you proficient in?			
List any other software you are comfortable working with (operating systems, web browsers, FTP clients, database software, media editing software, etc.).			
Do you have any interests/hobbies which could be utilized at COTN? If yes, explain below.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			



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IF YOU HAVE A CURRENT RÉSUMÉ, PLEASE ATTACH IT TO THIS COMPLETED APPLICATION.

List three of your strengths.

List three of your weaknesses.

Applicant's Statement

I certify that the answers given on this application are true and complete to the best of my knowledge. I authorize Children of the Nations to request and receive reports, records, and other information from any of my former employers, references, law enforcement agencies, educational institutions, or other persons having knowledge of my character, general reputation, prior work record, and education. I hereby release Children of the Nations from responsibility arising from such disclosures.

I understand that this application is not, nor intended to be, a contract of employment. If hired, the employment relationship between myself and Children of the Nations is terminable at will, with or without cause, by myself or Children of the Nations. In the event of my employment with Children of the Nations, I will comply with all rules and regulations as stated in the Employee Handbook. I also understand that omission or falsification of information will remove me from consideration of employment or may result in my immediate dismissal.

Signature: _____

Date: _____

Print name: _____



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Supplemental Questionnaire for Missionary Applicants

How did you come to know the Lord?

Describe your current walk with the Lord.

How do you intend to raise your support? (We have a packet of materials that, along with coaching from your supervisor, will assist you in raising support.)

Describe something you learned about yourself this past year.

Briefly describe something you have accomplished that you are proud of.



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What does servanthood mean to you and who most typifies this in your life?
