



WORLDHARVESTCHURCH

APPLICATION FOR AT-WILL EMPLOYMENT

APPLICANT INFORMATION

Name (First)		(Middle)	(Last)	(Suffix)
Cell	Home		Email	
Current Address			City	State Zip
Previous Address			City	State Zip

Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what position(s) or department(s)?
Are you a former employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? From: To:
Are you related to a current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who & what is the relationship?

POSITION INFORMATION

Desired Position or Department		Today's Date
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Available Date
Desired Salary/Wage	Experience Level	Referred By
Status Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Contract/Project <input type="checkbox"/> Seasonal <input type="checkbox"/> I-20		
# Hours You Will Accept (Weekly) <input type="checkbox"/> Under 20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40+		Are you available to work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Will you travel if the position requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain?	

World Harvest Church is an Equal Opportunity Employer that exercises the right to discriminate on the basis of religion.

Human Resources • PO Box 38 • Columbus, OH • 43216-0100 • Email: hr@whc.life • Fax: 614-834-3324
Phone: 614-837-1990 x 166 • Web: www.whc.life • /whclife

EMPLOYMENT ELIGIBILITY

	Yes	No
Are you at least 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>
If not, are you able to provide proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a United States citizen or an alien legally authorized to work in the United States? (<i>Proof of citizenship or immigration status will be required upon employment.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever pled "guilty" or "no contest" to, or been convicted of, a crime other than a minor traffic violation? (<i>If yes, please attach a letter of explanation of what, where, and when.</i>)	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENT OF INTRODUCTION

Please briefly introduce yourself.

SPIRITUAL INFORMATION

Have you accepted Jesus Christ as your personal Lord and Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you familiar with the ministries of Pastor Rod Parsley? <input type="checkbox"/> Yes <input type="checkbox"/> No
What church do you attend?	Name of Pastor
What area(s) of ministry do you volunteer?	Have you been employed full time in ministry before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a <i>Breakthrough</i> Covenant Partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of City Harvest Network? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever enrolled at Valor Christian College (previously WHBC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes and you graduated, when? Graduation Date:

TESTIMONY OF SALVATION

Please briefly share your testimony of salvation.

EMPLOYMENT HISTORY

Please list your employment history beginning with your most recent position and working backwards. Do not leave any fields blank. Explain any gaps in employment in the "Personal Comments" section below.

Employer		Dates From:	To:
City	State	Phone	
Final Position Title			
Initial Position Title			
Type of Work			
Immediate Supervisor (Name & Title)		Immediate Supervisor Phone	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Dates From:	To:
City	State	Phone	
Final Position Title			
Initial Position Title			
Type of Work			
Immediate Supervisor (Name & Title)		Immediate Supervisor Phone	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Dates From:	To:
City	State	Phone	
Final Position Title			
Initial Position Title			
Type of Work			
Immediate Supervisor (Name & Title)		Immediate Supervisor Phone	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Dates From:	To:
City	State	Phone	
Final Position Title			
Initial Position Title			
Type of Work			
Immediate Supervisor (Name & Title)		Immediate Supervisor Phone	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Dates From:	To:
City	State	Phone	
Final Position Title			
Initial Position Title			
Type of Work			
Immediate Supervisor (Name & Title)		Immediate Supervisor Phone	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATIONAL BACKGROUND

Check all that apply.

- GED High School Vocational Bible College
 Associate Bachelor Master Specialist Doctorate

Please list the 3 most recent schools attended:

School Name		City	State
Course of Study		Phone	
Course of Study	Diploma/Degree	Phone	
School Name		City	State
Course of Study		Phone	
Course of Study	Diploma/Degree	Phone	
School Name		City	State
Course of Study		Phone	
Course of Study	Diploma/Degree	Phone	

PROFESSIONAL CREDENTIALS & QUALIFICATIONS

License	State	Certification	State	Professional Activities

REFERENCES

List up to 3 names and contact information of individuals who are not related to you.

Name		Title/Relationship	
Reference Type <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Personal	Phone	Email	
Name		Title/Relationship	
Reference Type <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Personal	Phone	Email	
Name		Title/Relationship	
Reference Type <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Personal	Phone	Email	

PERSONAL COMMENTS

Please describe any community service, specialized training, or continuing education as well as any break in employment.

STANDARD OF CONDUCT

The Ministry's Standard of Conduct requires employees of the Ministry to abide by the highest principles of excellence with regards to morality. Employees at World Harvest Church are recognized by their positive response to the call of God on their lives. Because of this, requirements are much higher for employees than for the Body of Christ as a whole. Employees will be expected to conform to higher standards than other believers in terms of behavior, dress, speech, and attitude. Some specific areas are:

1. Willingness to contribute regularly to the support of the church according to his or her ability through tithes and offerings. (Malachi 3:10; Matthew 23:23; Hebrews 7:4-9)
2. Sowing discord among brethren (Proverbs 6:16-19; 1 Corinthians 1:10, 12:25; Galatians 5:20-21; Ephesians 4:2-3); gossiping, backbiting, and rumor mongering are forbidden (Proverbs 25:23; Psalms 15:1-3, Romans 1:30; 2 Corinthians 12:20)
3. Enthusiasm for the things of God, support of the vision and program of their local church, respect for their Pastor and other ministry gift offices set in the church
4. Respect for those in authority, guests, and fellow staff members
5. Unimpeachable conduct in personal relationships, especially with the opposite sex.

Employees are expected to avoid questionable conduct or situations that would cause reproach, such as single men and women being alone together. This is not intended to be a comprehensive list, but an example of the kinds of expectations to which employees will be expected to adhere.

APPLICANT STATEMENT

I, the undersigned, hereby understand that World Harvest Church (WHC) is committed to, and a major proponent of, equal opportunity in the workplace. I hereby further understand that WHC continues to seek the most qualified persons for the available jobs, without regard to race, sex, national origin, or any mental or physical condition, which does not impair the person's ability to perform a WHC job.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that all the information I have provided in order to apply for and secure at-will employment with WHC is true, complete, and correct. I hereby further certify that I, the undersigned applicant, have personally completed this application.

I understand and agree that if I am offered conditional employment with WHC, my appointment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by either party at any time without previous notice or cause and subject to change in wages, conditions, benefits and operating policies. I hereby understand that while employment policies or procedures may change from time to time, no supervisor or other representative of WHC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing language are valid, except in a signed writing by WHC's Chief Executive Officer. Only WHC's Chief Executive Officer and Chief Operating Officer have the authority to enter into any agreement for appointment for any specified period of time. If I enter into any such agreement with WHC, such agreement must be in writing. Therefore, if I am under WHC's employ, I hereby understand, acknowledge, and agree that I am free to resign at any time, with or without cause and prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and prior notice.

I hereby understand that any answer, omission, or any misstatement of material information provided by me that is found to be false, incomplete, or misrepresented in any respect on this application or any supplement documentation used to secure employment, will be sufficient cause to (1) disqualify me as a candidate and cancel further consideration of this application, or (2) immediately discharge me from WHC's service, whenever it is discovered.

I hereby expressly authorize, without reservation, World Harvest Church, its representatives, employees, or agents to contact and thoroughly investigate and obtain information from all the references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview as related to my suitability for employment. I further understand that WHC may make a thorough investigation of my character, reputation, and past employment as a pre-condition of employment, and that, further, WHC may also inquire of my medical history or require a medical exam after a conditional offer of employment is made. I understand that WHC retains the right to verify my driving information with the Department of Motor Vehicles. I authorize the giving and receiving of any such information requested by WHC (including medical licensure, worker's compensation, criminal, driving, financial, and credit records) and hereby relieve, release, and waive any and all rights and claims I may have regarding the employer, its agents, employees, licensing authorities, or representatives, for seeking, gathering, and using such information about me pursuant to or in connection with WHC's understanding, processing, or investigation of my application with WHC.

I agree that if I am employed by WHC, in the future a potential employer may contact WHC or its representatives concerning my work record and my work performance at WHC. I hereby consent to and authorize persons employed by WHC to divulge any and all information they consider relevant to any person reprinting themselves to be an employer or potential employer of mine with respect to my work and/or performance of my job at WHC.

I agree to a medical examination or inquiry, if requested if I receive a conditional offer of employment including the analysis for the detection of the use of illegal drugs or substances. I understand that my inability to perform the essential functions of the job, with or without reasonable accommodation, due to my physical or mental condition, could prevent my employment or continued employment by WHC.

I hereby acknowledge that the first ninety (90) days of my employment with WHC constitutes a probationary period, and, further, I understand that completing the probationary period does not ensure my continued employment. I further agree and understand that said probationary period is merely an introductory period to appraise performance and does not create an implied employment contract. I agree and understand that employment with WHC is "at will" from the initial day of hire.

I hereby understand that WHC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I understand and agree that in the performance of my duties as an employee of WHC, or after I leave WHC, that I must hold in confidence any and all information that I come in contact with regarding my employer or its business.

I hereby acknowledge and understand that this application remains on file for six (6) months during which time it may, but will not necessarily, be at the sole discretion of WHC, reviewed for open positions within the location at which I applied. At the conclusion of the six (6) month review time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. A facsimile or photocopy of this authorization shall be as valid as the original.

I hereby accept that WHC is exempt under provisions of federal and state law from coverage under the Federal Unemployment Tax Act (FUTA) and the Ohio Employment Security Act. Accordingly, staff members of WHC are not entitled under present law to unemployment benefits by reason of their position with WHC except in the event of special legislation by state legislature or the Congress of the United States. I also hereby understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard, if applicable.

BY SUBMITTING MY PHYSICAL OR ELECTRONIC SIGNATURE, I, THE UNDERSIGNED, DENOTE THAT I HAVE CAREFULLY READ, FULLY UNDERSTAND, AND AGREE TO THE QUALIFYING FACTORS, REQUIREMENTS, PROVISIONS, STIPULATIONS, AND CONDITIONS SET FORTH HEREIN THE PRECEDING "APPLICANT STATEMENT" AND I FURTHER UNDERSTAND AND AGREE THAT A COPY OF THIS "APPLICANT STATEMENT" SHALL BE AS VALID AS THE ORIGINAL.

Applicant Signature

Date

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