



# FAMILY WORSHIP CENTER CHURCH, INC.

## JIMMY SWAGGART MINISTRIES

P.O. Box 262550 • Baton Rouge, LA 70826-2550

### EMPLOYMENT APPLICATION

Position Desired \_\_\_\_\_ Salary Expected \$ \_\_\_\_\_

Referred by \_\_\_\_\_

Work Desired ☐ Full-time ☐ Part-time ☐ Permanent ☐ Temporary

How did you learn about this position? \_\_\_\_\_

#### PERSONAL

Name \_\_\_\_\_  
Last First Middle Other Names Used

Email \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ Years at this Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

If you have lived at this address less than two years, please give previous address: \_\_\_\_\_

\_\_\_\_\_ Years at that Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_  
Address Phone Number

Have you ever worked at Jimmy Swaggart Ministries? ☐ Yes ☐ No Date \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are any members of your immediate family (children, brothers, sisters, parents spouse, and parents of your spouse) employed by Family Worship Center Church, Inc./Jimmy Swaggart Ministries. ☐ Yes ☐ No If yes, please list name(s) \_\_\_\_\_

Why are you interested in employment with JSM? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Are you authorized to work in the United States for any employer? ☐ Yes ☐ No

Will you now or in the future require employment visa sponsorship? ☐ Yes ☐ No

Proof of citizenship or employment eligibility will be required upon employment.

Can you drive an automobile if the job requires it? ☐ Yes ☐ No Driver's License # \_\_\_\_\_

If yes, do you possess a valid driver's license? ☐ Yes ☐ No State \_\_\_\_\_

Were you ever discharged or asked to resign by an employer? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

## EDUCATION

Are you presently in school or college? ☐ Yes ☐ No ☐ No, but plan to return

Name of School or College Presently Attending: \_\_\_\_\_

Circle the highest year of schooling that you have completed:

4 5 6 7 8                      9 10 11 12                      13 14 15 16                      16 +  
Grade School                      High School                      College                      College – Postgraduate

High School Diploma Received? ☐ Yes ☐ No                      GED Received? ☐ Yes ☐ No

Beginning with the high school from which you graduated, please list, in consecutive order, each school attended:

	School	Location	Graduated Yes / No	Major / Minor
High School				
High School				
College				
College				
Other				

May JSM request your transcript(s)? ☐ Yes ☐ No

## LICENSES, CERTIFICATES, AND PROFESSIONAL ORGANIZATIONS

List professional licenses which you hold, name of licensing authority, and license number: \_\_\_\_\_

List professional associations of which you are a member: \_\_\_\_\_

Please list all computer software programs with which you are familiar and your proficiency in each (example: MS Word, very proficient; MS Excel, mildly proficient): \_\_\_\_\_

Other Special Skills: \_\_\_\_\_

## MILITARY

Years of Military Service/Branch: \_\_\_\_\_

Rank Attained: \_\_\_\_\_

List skills and special training or experience: \_\_\_\_\_

Are you presently in the military reserves? ☐ Yes ☐ No

## EMPLOYMENT HISTORY

List below present and past employers beginning with your most recent. Do not put "See resume."

May we contact your current employer? ☐ Yes ☐ No

Name and Address of Employer	From		To		Duties Performed:
	Mo.	Yr.	Mo.	Yr.	
Type of Business	Beginning Salary		Ending Salary		Reason for Leaving:
Telephone (        )					
Job Title					

Name and Address of Employer	From		To		Duties Performed:
	Mo.	Yr.	Mo.	Yr.	
Type of Business	Beginning Salary		Ending Salary		Reason for Leaving:
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Telephone (        )					
Job Title					

## PERSONAL REFERENCES

List only those you have known over one year. (Business people preferred, no relatives.)

Name	Address	Phone Number/Occupation

## RELIGION

You are not required to answer any of the following questions and your failure to do so, or negative responses, will not affect consideration of your application for employment. Jimmy Swaggart Ministries' business, however, is the propagation of the Gospel of Jesus Christ, and any information furnished will help us better place you within the Ministry should you be hired.

1. Are you a born-again Christian? \_\_\_\_\_
  - a. If so, how long? \_\_\_\_\_
2. Where do you attend church? \_\_\_\_\_
  - a. How often do you attend? \_\_\_\_\_
  - b. Who is your pastor? \_\_\_\_\_
  - c. How long have you been attending there? \_\_\_\_\_
  - d. Are you a member of that church? \_\_\_\_\_
3. What activities are you currently involved in at your church (i.e. teaching, choir, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

In consideration of my employment, I agree to conform to the rules and regulations of the Ministry, and agree that my employment and compensation may be terminated, with or without cause, at any time, at the option of either the Ministry or myself. I understand that no representative of the Ministry has authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement with me contrary to the foregoing. I represent all statements on this application to be true and understand my employment may be terminated if any are not, or if I have failed to list a prior employer.

I grant this Ministry permission to receive any information it desires (including grades, rank in class, attendance, and transcripts) from the organizations, schools, former employers, and references, etc., listed on this application. By the signature below, I authorize the release of any conviction record I may have and health records including former disabling accidents and waive such legal rights that may arise and do release any and all persons from liability in connection with the furnishing of such information. (A work permit is required if under 18 years of age.)

Signature \_\_\_\_\_ Date \_\_\_\_\_



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