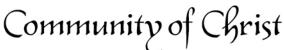
## **Application for Employment**



## GATEWAY USA MISSION CENTER P.O. Box 309

Villa Ridge, MO 63089 USA E-mail: brittmd@gmail.com

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Found access to employment, services and programs is available to all persons.

| law. Equal access to employmen  | nt, services and programs is ava | ilable to all persons.            | •                   |                 |  |  |
|---|----------------------------------|-----------------------------------|---------------------|-----------------|--|--|
| Name:   | <u> </u>                         | Date:                             |                     |                 |  |  |
| Position(s) applied for:  |                                  |                                   | Salary Desired:     |                 |  |  |
| Address:  |                                  |                                   | _                   | , =             |  |  |
| (Street   | City                             | State                             |                     | Zip)            |  |  |
| Telephone: ( ) -  |                                  | E-mail Addres                     |                     | —·F <i>)</i>    |  |  |
| Are you 18 years of age or  | older? ☐Yes ☐ No                 |                                   |                     |                 |  |  |
| If hired, can you provide written evidence that you are authorized to work in the U.S.?   Yes   No                                      |                                  |                                   |                     |                 |  |  |
| ii fiired, earr you provide wi  | itteri evidence triat you are    | datifiorized to wo                | ik iii tiic O.O.: [ | 163146          |  |  |
| EDUCATION   |                                  |                                   |                     |                 |  |  |
| Туре  | Name/Location                    | Course of Study                   | Years Completed     | Degree/Diploma  |  |  |
| High School   |                                  |                                   | '                   | <u> </u>        |  |  |
| University  |                                  |                                   |                     |                 |  |  |
| Technical or Other  |                                  |                                   |                     |                 |  |  |
| recrifical of Other   |                                  |                                   |                     |                 |  |  |
|   |                                  |                                   |                     |                 |  |  |
|   |                                  |                                   |                     |                 |  |  |
| US MILITARY SERVICE   | Rank and Type of Servic          | 0                                 |                     |                 |  |  |
|   | Trank and Type of Servic         | <b>C</b>                          |                     |                 |  |  |
| Branch of Service   | T                                | D : 1                             |                     |                 |  |  |
| From to   | Training/Experience Rec          | eivea                             |                     |                 |  |  |
|   |                                  |                                   |                     |                 |  |  |
| EMPLOYMENT HISTORY  |                                  |                                   |                     |                 |  |  |
| Please provide all employment   |                                  | ployers starting with             |                     |                 |  |  |
| Employer Nam  | e and Address                    |                                   | Position            | Held            |  |  |
| Employer:   |                                  |                                   |                     |                 |  |  |
| Address:  |                                  | Telephone #: (                    | ( ) -               |                 |  |  |
| Immediate supervisor and t  | ritle:                           | ·                                 | `                   |                 |  |  |
| Dates employed: from  | to                               | Starting Salary                   | : Ending            | Salary:         |  |  |
| Reason for leaving:   |                                  | oun in ig outur,                  |                     | , January :     |  |  |
| Troubert for loaving.   |                                  |                                   |                     |                 |  |  |
| Employer:   |                                  |                                   |                     |                 |  |  |
| Address:  |                                  | Telephone #: (                    |                     |                 |  |  |
|   | Litle.                           | releprione #. (                   | -                   |                 |  |  |
| Immediate supervisor and t  |                                  | 0' '' 0 1                         | - ··                | 0.1             |  |  |
| Dates employed: from  | to                               | Starting Salary                   | /: Enaing           | Salary:         |  |  |
| Reason for leaving:   |                                  |                                   |                     |                 |  |  |
|   |                                  |                                   |                     |                 |  |  |
| Employer:   |                                  |                                   |                     |                 |  |  |
| Address:  |                                  | Telephone #: (                    | ( ) -               |                 |  |  |
| Immediate supervisor and t  | iitle:                           |                                   |                     |                 |  |  |
| Dates employed: from  | to                               | Starting Salary                   | : Ending            | Salary:         |  |  |
| Reason for leaving:   |                                  | ,                                 |                     | ,               |  |  |
|   |                                  |                                   |                     |                 |  |  |
| (Continue list on separate paper if necessary.)   |                                  |                                   |                     |                 |  |  |
| Do we have your permission to contact your current/previous employers?  Yes No  |                                  |                                   |                     |                 |  |  |
|   |                                  |                                   |                     |                 |  |  |
| OTHER SKILLS AND QUALIFICATIONS:  |                                  |                                   |                     |                 |  |  |
| Summarize any job-related training (including computer programs you feel competent using), skills, licenses, certificates, and/or other |                                  |                                   |                     |                 |  |  |
| job rolatod trairii   |                                  | - , - a . c c . c c p c . c i i c |                     | ,, ana, or onto |  |  |

qualifications:

| PERSONAL REFERENCES (Do Not Include Relatives)   |                                |                                 |                |                 |  |  |  |
|--|--------------------------------|---------------------------------|----------------|-----------------|--|--|--|
| Name   | Telephone                      | Address                         | Occupation     | Yrs Known       |  |  |  |
|  | ( ) -                          |                                 |                |                 |  |  |  |
|  | ( ) -                          |                                 |                |                 |  |  |  |
|  | ( ) -                          |                                 |                |                 |  |  |  |
|  | ( ) -                          |                                 |                |                 |  |  |  |
|  |                                |                                 |                |                 |  |  |  |
| How Were You Referred?   |                                |                                 |                |                 |  |  |  |
| Do You Have Any Relatives Who Are Employed By The Church? ☐Yes ☐No   |                                |                                 |                |                 |  |  |  |
| Please Specify:  |                                |                                 |                |                 |  |  |  |
| Is there any information we would need about your name, or use of another name, for us to be able to check   |                                |                                 |                |                 |  |  |  |
| your work record? ☐Yes ☐ No  |                                |                                 |                |                 |  |  |  |
| Please Specify:  |                                |                                 |                |                 |  |  |  |
| ,  |                                |                                 |                |                 |  |  |  |
| Please list any additional in  | formation that relates to you  | r ability to perform the job fo | r which vou ha | ve applied      |  |  |  |
| such as licenses, professional memberships, hobbies, etc.  |                                |                                 |                |                 |  |  |  |
| , ,  | ,                              |                                 |                |                 |  |  |  |
| Have you ever been convic  | ted of any offense against th  | ne law or are you now under     | charges for an | v offense       |  |  |  |
|  |                                | lease give details. NOTE: A     |                |                 |  |  |  |
|  |                                | byment. However, any misre      |                |                 |  |  |  |
|  | your application being reject  |                                 | procentations  | , 011110010110, |  |  |  |
| or raisingations will result in  |                                |                                 |                |                 |  |  |  |
| Have you ever been emplo   | ved by any jurisdiction of the | church? Tyes TNo If ve          | s nlease state | when and        |  |  |  |
| Have you ever been employed by any jurisdiction of the church?  Yes No If yes, please state when and where and give the name of your supervisor:   |                                |                                 |                |                 |  |  |  |
| where and give the name of   |                                |                                 |                |                 |  |  |  |
| APPLICANT'S STATEMENT  |                                |                                 |                |                 |  |  |  |
| I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any  |                                |                                 |                |                 |  |  |  |
| time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in   |                                |                                 |                |                 |  |  |  |
| writing, unless approved by the Board of Directors. I understand that this application is not a contract of employment. I understand that  |                                |                                 |                |                 |  |  |  |
| federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment  |                                |                                 |                |                 |  |  |  |
| authorization and identity; failure to submit such proof will result in denial of employment.  |                                |                                 |                |                 |  |  |  |
| I understand this application will be active for a period of at least six months; after that time, if I wish to be considered for employment, I  |                                |                                 |                |                 |  |  |  |
| must submit a new application.   |                                |                                 |                |                 |  |  |  |
|  |                                |                                 |                |                 |  |  |  |
| I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on  |                                |                                 |                |                 |  |  |  |
| related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. |                                |                                 |                |                 |  |  |  |
| to provide any anomation requested about me, and residues them from an hability for damage in providing this information.  |                                |                                 |                |                 |  |  |  |
| I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for  |                                |                                 |                |                 |  |  |  |
| dismissal or refusal of employment.  |                                |                                 |                |                 |  |  |  |
| V  |                                | Data                            |                |                 |  |  |  |
| Your Signature:  |                                | Date:                           |                |                 |  |  |  |
|  |                                |                                 |                |                 |  |  |  |