## JOB APPLICATION

## ROSE OF SHARON WORSHIP CENTER 7607 Drouet St, Houston, Texas 77061 713-645-4121

ROSE OF SHARON WORSHIP CENTER is an equal opportunity employer. This application will not be used for excluding any applicant from consideration for employment on the basis prohibited by federal, state and local law. Should an applicant need reasonable accommodation in the application process, he or she should contact a church representative immediately.

Please fill out all sections below: Applicant Information **Applicant Name:** Address: City, State and Zip Code: Telephone Number: **Email Address:** Date of Application: **Employment Position** Position(s) applying for: MINISTER OF MUSIC/MUSICIAN How did you hear about this position? What days are you available for work? What hours or shift are you available for work? On what date can you start working if you are hired? Do you have reliable transportation to and from work? Salary desired: Personal Information Do you have any friends, relatives, or acquaintances working for ROSE OF SHARON WORSHIP CENTER Yes No If yes, state name & relationship: Are you 18 years of age or older? Yes No Are you a U.S. citizen or approved to work in the United States? Yes No What document can you provide as proof of citizenship or legal status? Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: **Job Skills/Qualifications** Please list below the skills and qualifications you have for the position:

## **Education and Training**

High School

| riigir Coricoi   |                                       |  |               |  |
|--|---------------------------------------|--|---------------|--|
| Name   | Location (City, State)                | Year Graduated                                   | Degree Earned |  |
| <u> </u>   |                                       |  |               |  |
| College/University                                     | 1 1 (2) 2 1                           | <del>                                     </del> |               |  |
| Name   | Location (City, State)                | Year Graduated                                   | Degree Earned |  |
|  | <u> </u>                              | <u> </u>   |               |  |
| Vocational School/Specialized Tra                      |                                       |  |               |  |
| Name   | Location (City, State)                | Year Graduated                                   | Degree Earned |  |
|  |                                       |  |               |  |
| B # C C A D TO     |                                       |  |               |  |
| Military:  |                                       |  |               |  |
| Are you a member of the Armed Ser                      |                                       |  |               |  |
| What branch of the military did you                    | enlist?                               |  |               |  |
| What was your military rank when discharged?           |                                       |  |               |  |
| How many years did you serve in th                     | e military?                           |  |               |  |
|  |                                       |  |               |  |
| What military skills do you possess                    | that would be an asset for this posit | ion?   |               |  |
|  |                                       |  |               |  |
|  |                                       |  |               |  |
|  |                                       |  |               |  |
| <u>Previous Employment</u>                             |                                       |  |               |  |
| Employer Name:   |                                       |  |               |  |
| Job Title:   |                                       |  |               |  |
| Supervisor Name:                                       |                                       |  |               |  |
| Employer Address:                                      |                                       |  |               |  |
| City, State and Zip Code:                              |                                       |  |               |  |
| Employer Telephone:                                    |                                       |  |               |  |
| Dates Employed:  |                                       |  |               |  |
| Reason for leaving:                                    |                                       |  |               |  |
| Employer Name:   |                                       |  |               |  |
| Job Title:   |                                       |  |               |  |
| Supervisor Name:                                       |                                       |  |               |  |
| Employer Address:                                      |                                       |  |               |  |
| City, State and Zip Code:                              |                                       |  |               |  |
| Employer Telephone:                                    |                                       |  |               |  |
| Dates Employed:  |                                       |  |               |  |
| Reason for leaving:                                    |                                       |  |               |  |
| Facilities Name  |                                       |  |               |  |
| Employer Name:   |                                       |  |               |  |
| Job Title:   |                                       |  |               |  |
| Supervisor Name:                                       |                                       |  |               |  |
| Employer Address:                                      |                                       |  |               |  |
| City, State and Zip Code:                              |                                       |  |               |  |
| Employer Telephone:                                    |                                       |  |               |  |
| Dates Employed:  |                                       |  |               |  |
| Reason for leaving:                                    |                                       |  |               |  |
|  |                                       |  |               |  |
| Deferences   |                                       |  |               |  |
| <u>References</u> Please provide 3 personal/profession | raterance(s) helow                    |  |               |  |

| Reference | Contact Information |
|-----------|---------------------|
|           |                     |
|           |                     |
|           |                     |

| Additional Information:                        |   |  |  |  |
|--|---|--|--|--|
| Who inspired you to wanna play music?          |   |  |  |  |
|  |   |  |  |  |
| Why are you leaving your current position?     |   |  |  |  |
|  |   |  |  |  |
| DISCLAIMER AND SIGNATURE                       |   |  |  |  |
| interview may result in termination of employn | o the best of my knowledge. False or untrue information given in this application or during news. I further certify and is aware that my employment status with Rose of Sharon Worship Central employment can be terminated for any reason, without cause and without notice. |  |  |  |
|  |   |  |  |  |
| Applicant Signature:                           | Dated:  |  |  |  |