

Work History and Church affiliation if any

Do you attend a church? Yes No For how long _____ Years _____ Months

Are you currently employed? Yes No For how long _____ Years _____ Months

List names and addresses of churches you have attended regularly in the past five years.

List all work positions and locations of construction or automotive work

List three references of persons unrelated to you with addresses and telephone numbers.

Applicant's Statement – Read Carefully

In consideration of the receipt and evaluation of this application by SERV, I _____
agree and represent that:

- The information contained in this application is correct to the best of my knowledge.
- I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for service with children or youth.
- I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.
- I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

- If I accept a position in this ministry, I agree to perform and conduct myself in a respectful and courteous manor.

I (check one of the following two options)

waive

Do not waive

any right that I may have to inspect any information provided about me by any person or organization described above. I have read and understand the above provisions and agree to them.

Applicant's Signature: _____ **Date:** _____

Witnesses' Signature: _____ **Date:** _____

Interviewer's Signature: _____ **Date:** _____

Interviewer's Title: _____

When complete email to serv@compassionaterestoration.com or call (203)-208-8534 to arrange to meet with a SERV director to discuss opportunities.