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## GENERAL PROFILE

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Please answer the following questions.

Are you at least 18 years old?  Yes  No

If you are not 18 years old, can you provide proof of your eligibility to work?  Yes  No

Are you an United States citizen or alien legally authorized to work in the United States?  Yes  No

*\* Proof of citizenship or immigration status will be required upon employment.*

Are you available for work?

Full-time  Part-time  Contract/Project  Temporary  I-20  Seasonal  Casual

Number of hours per week you will accept:

30-Over  20-30  Under 20 Date Available: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you available to work overtime if required?  Yes  No

Will you travel if job requires it?  Yes  No

If no, please explain \_\_\_\_\_

Have you applied here before?  Yes  No

If yes, for what position(s)? \_\_\_\_\_

Are you a former staff member of World Harvest Church?  Yes  No

If yes, from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you related to any staff members of World Harvest Church?  Yes  No

If so, to whom? \_\_\_\_\_ What is the relationship? \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of, a crime other than a minor traffic violation?  Yes  No If yes, please attach a letter of explanation of what, where, and when.

Have you accepted Jesus Christ as your personal Lord and Savior?  Yes  No

Are you familiar with the ministries of Pastor Rod Parsley?  Yes  No

What church do you attend? \_\_\_\_\_ Name of Pastor \_\_\_\_\_

In what area(s) of ministry do you volunteer? \_\_\_\_\_

Are you a Breakthrough Covenant Partner?  Yes  No

Are you a member of World Harvest Church Ministerial Fellowship?  Yes  No

Have you enrolled or completed WHBC?  Yes  No Graduation date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## EMPLOYMENT HISTORY

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Please complete in a detailed and chronological order. Explain any gaps in employment in the "Personal Comments" section.

Employer \_\_\_\_\_ Dates \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Starting Job Title \_\_\_\_\_ Final Job Title \_\_\_\_\_

Starting Pay Rate \$ \_\_\_\_\_ Final Pay Rate \$ \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Type of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact for a Reference?  Yes  No  Later

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Employer \_\_\_\_\_ Dates \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Starting Job Title \_\_\_\_\_ Final Job Title \_\_\_\_\_

Starting Pay Rate \$ \_\_\_\_\_ Final Pay Rate \$ \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Type of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact for a Reference?  Yes  No  Later

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Employer \_\_\_\_\_ Dates \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Starting Job Title \_\_\_\_\_ Final Job Title \_\_\_\_\_

Starting Pay Rate \$ \_\_\_\_\_ Final Pay Rate \$ \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Type of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact for a Reference?  Yes  No  Later

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Employer \_\_\_\_\_ Dates \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Starting Job Title \_\_\_\_\_ Final Job Title \_\_\_\_\_

Starting Pay Rate \$ \_\_\_\_\_ Final Pay Rate \$ \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Type of Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact for a Reference?  Yes  No  Later

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# APPLICANT STATEMENT

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I, the undersigned (Applicant-print name), \_\_\_\_\_, hereby understand that World Harvest Church (WHC) is committed to, and a major proponent of, equal opportunity in the work place. 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.

**I, THE UNDERSIGNED, 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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