

The Master's Inn Ministries

C.I.T. Application

Date: _____

Name: _____

Social Security #: _____

Address: _____ City: _____ State: _____

Zip: _____

E-mail Address: _____

Phone Number: _____

Gender: _____ Birthday: _____

Grade in Fall 2011: _____

Church: _____

City & State: _____

Youth Pastor: _____

Church Phone: _____

Parent(s)/Guardian(s): _____

Daytime Phone: _____

Are there any reasons why you may have difficulty in performing any of the essential functions of the position for which you have applied? Yes No
If yes, please explain: _____

Program Dates: (Please list in order of preference, 1-5, which session you are interested in working. The first four sessions are two-week sessions and the last one is 3 weeks long.)

____ June 19-July 1 ____ July 3 -15 ____ July 1 - 13 ____ July 17-29 ____ July 31-Aug.12

References: List 3 people (not relatives) who have knowledge of your character, experiences, and ability.

	Name	Years Known	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List any certifications (i.e. water safety, CPR, etc. . .):

Please include on a separate sheet your personal testimony of when you came to know Jesus Christ as your Savior AND include a written recommendation from your Pastor or Youth Pastor.

Please answer the following questions on a separate sheet:

1. Why do you feel led to work here at The Master's Inn?
2. How would you describe your personal work ethic? What drives you to work harder when you have given everything you've got?
3. What kind of ministry experience do you have?
4. Describe your devotional life.
5. Describe your family life.
6. How do you handle authority figures in your life?
7. What strengths would you bring to The Master's Inn?
8. What would be your greatest weakness?
9. What is God doing in your life today?

Read the following statement and sign below:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, I will be an at will employee for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Signature: _____

Date: _____

Send completed application along with Medical Consent Form form to:
The Master's Inn Ministries, 445 Mitchell Springs Road, Altavista, VA 24517