

ECCLESIASTICAL ENDORSEMENT APPLICATION

| APPLICANT INFORMATION | | | | | | | | | | | | | | | |
|---|--|----|--|------------------------------|--|------------------------------|--|--|--|-------------------------------|--|------------------------------|--|-----------------------------|--|
| Last Name | | | | First | | | | M.I. | | Date | | | | | |
| Street Address | | | | | | Apartment/Unit # | | | | | | | | | |
| City | | | | State | | | | ZIP | | | | | | | |
| Phone | | | | E-mail Address | | | | | | | | | | | |
| Date(s) Available | | | | | | Social Security No. | | | | | | | | | |
| Are you a citizen of the United States? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If no, are you authorized to work in the U.S.? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | |
| Have you ever been convicted of a felony? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If yes, explain | | | | | | | |
| EDUCATION | | | | | | | | | | | | | | | |
| College | | | | Address | | | | | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Degree | | | | | |
| Seminary | | | | Address | | | | | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Degree | | | | | |
| Chaplaincy Training | | | | Address | | | | | | | | | | | |
| From | | To | | Required hours Completed? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Board Certification Achieved? | | Date | | Agency | |
| Other | | | | Address | | | | | | | | | | | |
| From | | To | | From | | | | To | | | | From | | | |
| Other | | | | Address | | | | | | | | | | | |
| From | | To | | From | | | | To | | | | From | | | |
| REFERENCES | | | | | | | | | | | | | | | |
| <i>Please list three professional references (Include at least one professor or instructor)</i> | | | | | | | | | | | | | | | |
| Full Name | | | | | | Relationship | | | | | | | | | |
| Church/ Company | | | | | | Phone | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |
| Full Name | | | | | | Relationship | | | | | | | | | |
| Church/ Company | | | | | | Phone | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |
| Full Name | | | | | | Relationship | | | | | | | | | |
| Church/ Company | | | | | | Phone | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |

| DESIRED AREA(S) OF ENDORSEMENT (SELECT ALL THAT APPLY) | |
|---|--|
| <input type="checkbox"/> Veteran's Affairs Chaplaincy | <input type="checkbox"/> Hospital Chaplaincy |
| <input type="checkbox"/> Prison Chaplaincy (Circle one: State or Federal) | <input type="checkbox"/> Other: _____ |

| PREVIOUS EMPLOYMENT | | | |
|--|-----------------|------------------------------|-----------------------------|
| Church/ Company | | Phone | |
| Address | | Pastor/ Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Church/ Company | | Phone | |
| Address | | Pastor/ Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Church/ Company | | Phone | |
| Address | | Pastor/ Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| DISCLAIMER AND SIGNATURE | |
|--|------|
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | |
| Signature | Date |