

Cornerstone Community Based Programs

Employment Application

1918 West 5<sup>th</sup> Street / Post Office Box 1763

Washington, North Carolina 27889

POSITION APPYING FOR  Program Manager  Administrative Assistant  Secretary  Public Relations

Housekeeping  Other \_\_\_\_\_

APPLYING AS  Paid Staff  Contract Staff  Volunteer

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street and / or Post Office Box, City, State and Zip Code)

COUNTY RESIDENCE: \_\_\_\_\_

TELEPHONE: WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CURRENT EMPLOYMENT INFORMATION IF WORKING

Employer:
Job Title:
Address:
Telephone#

EDUCATION INFORMATION

School(s)	Grade or Degree Received

APPLICANT EXPERIENCE

Agency Name:
Dates of Volunteer Work:
Contact Name:
Contact#:
Describe your Responsibilities:

APPLICANT EXPERIENCE

Agency Name:
Dates of Volunteer Work:
Contact Name:
Contact#:
Describe your Responsibilities:

APPLICANT EXPERIENCE

Agency Name:
Dates of Volunteer Work:
Contact Name:
Contact#:
Describe your Responsibilities:

Ethnicity: Please Circle

Black American

Caucasian

Latino/Hispanic

American Indian

Asian

Other

Are there any medical conditions, medications, or special dietary needs you may have that we should know about?

Yes  No

If YES, please explain: \_\_\_\_\_

Use the back of this form if not enough space

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#### REFERENCES

List four references (not relatives) who have known you for a least one year. Include complete mailing address.

Name:	
Address:	
Home#:	Cell#:
E-mail Address:	

Name:	
Address:	
Home#:	Cell#:
E-mail Address:	

Name:	
Address:	
Home#:	Cell#:
E-mail Address:	

Name:	
Address:	
Home#:	Cell#:
E-mail Address:	

I certify that all information on this application is true to the best of my knowledge.

I authorize the agency to inquire about my previous / present work experience and to contact the references listed above.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an employee, any false statements, withheld information, or other misrepresentations made by me on this application may result in my immediate dismissal.

Cornerstone Family Worship Center / Community Based Programs is required to have background checks for all personnel with direct contact to children. Therefore, background checks will be required through our agency at no cost to the prospective employees. Cornerstone reserves the right to not hire or terminate employment with any individual whose background check displays information that could render children or staff potential harm.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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#### RETURN APPLICATION BY FAX, MAIL OR EMAIL

Contact: Phone: (252) 946-6109 Fax: (252) 623-2056 E-mail: [cornerstonecbpmgr@gmail.com](mailto:cornerstonecbpmgr@gmail.com)