



**Staff Application**  
**COMPACT<sup>®</sup> Family Services**  
 COMPACT<sup>®</sup> is a DBA of Assemblies of God Family Services Agency  
 2325 Malvern Avenue, Hot Springs, AR 71901  
 Phone: (501) 262-1660 Fax: (501) 262-0115



**Instructions to Applicant:** Please complete all sections of this form. Type or print your response to each question legibly in ink. Sign and date the application, attach a resume if desired, and return to the address above or fax to the number above. You may also email completed applications to rgant@agfsa.org

I am applying for:  Paid, full-time position  Paid, part-time position  Any position available

Preferred Position (s): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**PERSONAL & FAMILY DATA**

Full Name: \_\_\_\_\_  
First Middle Last

Present Address: \_\_\_\_\_  
Street Address or P.O. Box City State Zip

How long have you lived at this address? \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Aliases, if any: \_\_\_\_\_

Email Address: \_\_\_\_\_

State age if under 18: \_\_\_\_\_ *If you are applying for a direct childcare position, such as a Houseparent or Relief Houseparent, state age if under 21.*

Are you prevented from being lawfully employed in this country because of Visa or Immigration Status? Yes No  
*Proof of citizenship or immigration status will be required upon employment.*

Do you have any children or other dependents living with you? If so, please list names, ages, and gender of each: \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations? Yes No

If yes, explain: \_\_\_\_\_

Do you currently have any limitations or restrictions on your driver's license or vehicle insurance? Yes No

If yes, explain: \_\_\_\_\_

List hobbies, special interests, and recreational activities: \_\_\_\_\_

**JOB PREFERENCES**

Number the following positions in order of preference, with "1" being your most preferred:

- |                              |                                     |                   |
|------------------------------|-------------------------------------|-------------------|
| _____ Houseparent            | _____ Administrative Office         | _____ Maintenance |
| _____ Relief Houseparent     | _____ Kitchen/Food Service          | _____ Foster Care |
| _____ Social Services Office | _____ Other - please specify: _____ |                   |

If part-time, what hours are you available to work? Please specify days and hours: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Please state your reason for interest in this type of work. Include any information that would be of importance in evaluating your application. Attach additional pages if necessary. \_\_\_\_\_

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**EDUCATION**

	Name and Location	Major Course	Minor Course	Circle Last Year Completed	Year Graduated
High School		XXXX	XXXX	9 10 11 12	
College				1 2 3 4	Year: Degree:
College				1 2 3 4	Year: Degree:
College				1 2 3 4	Year: Degree:

Are you currently a student? \_\_\_\_\_ If yes, what is your projected graduation date? \_\_\_\_\_

**TRAINING & EXPERIENCE**

Mark items in which you have had formal training with a "T", work experience with an "E", or both

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Receptionist             | <input type="checkbox"/> Food Service             | <input type="checkbox"/> Supervision            |
| <input type="checkbox"/> Word processing          | <input type="checkbox"/> Janitorial               | <input type="checkbox"/> Residential Child Care |
| <input type="checkbox"/> Bookkeeping/Accounting   | <input type="checkbox"/> Maintenance              | <input type="checkbox"/> Day Care               |
| <input type="checkbox"/> Data Entry               | <input type="checkbox"/> Carpentry                | <input type="checkbox"/> Child Counseling       |
| <input type="checkbox"/> Computer Service/Support | <input type="checkbox"/> Medical Services/Nursing | <input type="checkbox"/> Child Management       |

Please provide your most recent certification date for each of the following, if applicable (*attach documentation*):

\_\_\_\_\_ First Aid      \_\_\_\_\_ CPR      \_\_\_\_\_ Handle With Care

What degree of experience do you have with personal computers? Please list all major software applications you have experience with, including word processing, database, spreadsheets, accounting, etc. \_\_\_\_\_

What other special skills or abilities do you possess that have not been covered above? \_\_\_\_\_

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What previous experience do you have in working with children or youth? Please include all positions held (volunteer or paid), including length of service, duties and responsibilities, training completed, reasons for leaving, etc.

**EMPLOYMENT HISTORY**

In the space below, give your complete record of employment. If necessary, attach additional sheets. **Start with your present or most recent position and work back.** List your positions in the order you held them. Explain any unlisted time periods between jobs.

Employer's Name & Address	Type of Work	Starting & Ending Dates	Salary upon Leaving	Reason for Leaving

May we contact your current employer for a job reference?  Yes  No

**DOCTRINE**

Are you a Christian?  When saved?  Are you baptized in the Holy Spirit? (Acts 2:4)

Do you use tobacco?  Drink alcoholic beverages?  Use illegal drugs?

Do you support abortion on demand?  Do you support gay rights?

Marital Status: Single Engaged Married Separated Divorced Remarried Widowed

If engaged, give planned wedding date:  Has your fiancé been divorced? Yes No

If divorced and remarried, is your former spouse still living? Yes No

If married, has your wife/husband ever been divorced? Yes No

If married, what is your spouse's name:

Do you or have you ever held ministerial credentials with any religious organization? If yes, give name of organization and date: \_\_\_\_\_

Name of the church you attend: \_\_\_\_\_ City/State: \_\_\_\_\_

Please state the denominational affiliation, if not Assemblies of God: \_\_\_\_\_

Please check the services you attend regularly:  Sunday School  Sunday Morning Worship  Sunday Evening  
 Midweek Services  Children/Youth Service  Other Services  Life Group

If you are active in church work, list all regular activities (other than those listed above): \_\_\_\_\_

\_\_\_\_\_

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### PERSONAL REFERENCES

*(Do not use former employers or relatives. Must be completed at the time of application.)*

Name: \_\_\_\_\_ Email/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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### ADDITIONAL INFORMATION

Please add any other information you feel is pertinent to your consideration for employment, such as other training or experience not listed elsewhere, personal goals, physical limitations, etc.

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### APPLICANT'S STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or misrepresentation is grounds for dismissal in accordance with Assemblies of God Family Services Agency policy. I authorize the references listed in this application to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of Assemblies of God Family Services Agency and acknowledge that my employment and compensation can be terminated, with or without cause, at the option of either the company or myself. I understand that only the Board of Directors has authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_