

**MARK 2 MINISTRIES
APPLICATION FOR EMPLOYMENT**

Mark 2 Ministries is an equal opportunity employer and does not discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age (40 or older), disability or family medical history or genetic information, political affiliation, military service, or other non-merit based factors.

Name:						
Home Address:						
Phone Number:		Email:				
EDUCATIONAL INFORMATION						
1. Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No						
2. What level of college education do you have?						
<input type="checkbox"/> None <input type="checkbox"/> Less than 2 yrs <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree						
EMPLOYER INFORMATION (past 3 years)						
Employer	Address (city, state)	Dates	Type of Work			
SELF ASSESSMENT						
Please assess yourself in the following areas:						
Area	Uncertain	Outstanding	Very Good	Good	Fair	Weak
Personal Integrity						
Self-Discipline						
Willingness to Serve						
Willingness to Learn						
Reliability						
Communication Skills						
Leadership Skills						

ESSAY QUESTIONS		
<i>Please answer each of the following questions on a separate page and limit each response to one page in length.</i>		
<i>1. Explain the difference between the terms: “disabled adult” and “adult with a disability”.</i>		
<i>2. Why are you interested in working with Mark 2 Ministries?</i>		
<i>3. Share your beliefs about working with adults with developmental disabilities and why self-determination is important.</i>		
<i>Have you ever been convicted of any crime including sex related or abuse related offenses?</i>		
<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <i>If yes, explain:</i>		
<i>Do you have CPR certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy.</i>		
<i>Do you have First Aid Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy</i>		
<i>Do you have records of a recent TB test? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a copy of results.</i>		
<i>Do you have a valid Oregon driver’s license? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: If yes, attach a copy.</i>		
<i>Do you have any driving restrictions on your driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:</i>		

REFERENCES

Please provide us with the names of two individuals we may contact that know your work performance, skills, or experience in working with adults with developmental disability that we may contact for a recommendation.

<hr/>		
Name	Email	Phone

<hr/>		
Name	Email	Phone

Please sign and date the application:

<hr/>	
Applicant Signature	Date