

WORK-STUDY APPLICATION FORM

(Please Print Clearly)

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Birth Date: _____ Age: _____ Year of School in September, 2008: _____

Bus Division#: _____ Bus Route#: _____ Bus Captain Name: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Will you be able to pass a computer skills test in Microsoft Word and Excel? **YES or NO**
2. Will you be able to work the set day and "sick days" that the Program requires? **YES or NO**
3. Do you speak fluent Spanish? **YES or NO**
4. Do you have a driver's license? **YES or NO**
5. Are you planning to train for Christian Service after graduation? **YES or NO**
6. If no, please list describe your plans once you graduate: _____

LIST SPECIAL SKILLS YOU POSSESS AND OUTSTANDING ACCOMPLISHMENTS

Who was your immediate supervisor during Pastors' School?

2008 - _____

2007 - _____

2006 - _____

2005 - _____

PREVIOUS EMPLOYMENT or VOLUNTEER WORK HISTORY

Please begin with your most recent employer or volunteer work position.

Name of Employer:	Address:	City:	ST:	Zip:	Phone:
Name of Supervisor:	Title:	Start Date:	End Date:		
Reason For Leaving:					

Name of Employer:	Address:	City:	ST:	Zip:	Phone:
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Please return to:

Mr. George Vogel
Executive Director
City Baptist Work-Study Program
4925 Sohl Avenue
Hammond, IN 46327