



Charlotte Rescue Mission
 Changing Lives by God's Grace

Employment Application

All qualified applicants will be considered without regard to age, race, color, sex, national origin, marital status, ancestry, citizenship, veteran status, physical or mental disability.

All statements, questions and requested information must be completed.

Personal:

Name: _____
 Address: _____ Apt. _____
 City: _____ State: _____ Zip: _____
 Home phone: (____) _____ - _____ Business: (____) _____ - _____
 Driver's License #: _____ (complete only if position requires driving)
 Position you are applying for: _____
 Check department: Administration: _____ Development: _____
 Dove's Nest: _____ Rebound: _____
 Salary Desired: _____ Date Available for employment: _____

Educational History:

Name & Location of School	Area of Study	Graduated, Diploma, Registration Certification, and/or Degree?

Credentials:

Licenses, Registrations, Certifications & State held?	Number & indicate A = Active I = Inactive	Date of Expiration

Employment History: List all employments for the past 10 years, starting with the most recent position. **All information must be completed.** You may attach a resume, **but not in place of completing the required information.**

Dates of employment (mo/yr to mo/yr)	Company Name	Phone Number w/area code	Position Title	Supervisor's Name	Reason For Leaving

References: List three references. Include name & phone number for each. Please indicate if the phone number is business (W) or home (H), and including area code.

Name:	Phone:	Relationship:
_____	(____)____-_____	_____
_____	(____)____-_____	_____
_____	(____)____-_____	_____

Religion: _____ Name of church actively attending? _____

Have you ever been convicted of any felony crime including sexual or child abuse or other related offenses (do not include misdemeanors or driver's license or motor vehicle violations)? Yes_____ No_____. If Yes, provide detail including jail time served.

Are you legally eligible to work in the United States? _____ YES _____ NO

If offered employment, you will be required to provide documentation to verify identity and employment eligibility

In recovery? ___ Yes ___ No If yes, recovery date? _____ Select program(s) currently attending?

AA NA ACOA AlAnon NarAnon GA SA Other _____

Charlotte Rescue Mission Alcohol/Chemical Dependency A Statement of Philosophy

We accept the American Medical Association's definition of alcoholism as:

"...an illness that is characterized by significant impairment in the emotional, psychological, spiritual, physical, and social areas that is directly associated with the persistent and excessive use of alcohol. Impairment may involve psychological or social dysfunction. Alcoholism also is manifested as a type of drug dependence of pathological extent and pattern, which ordinarily interferes seriously with the patient's mental and physical health and his adaptation to his environment."

Concerning the spiritual implications of alcoholism, we believe it has its roots in alienation from God and the violation of conscience. We believe that God's power is able to deliver individuals from the compulsion to drink, and to set them free from the emotional, psychological, social, spiritual, and physical consequences of an alcoholic lifestyle.

Although an individual may be delivered from the compulsion to drink (and is no longer a "drunkard" in the spiritual sense), we recognize that he is still an alcoholic in the therapeutic sense. We believe the continued use of alcohol results in changes in the emotions, mind, and body that do not disappear upon an alcoholic's salvation. On a physiological level, he will always be "sensitized" to alcohol. Total abstinence, therefore, is a must; any use of alcohol can "activate" the chemical mechanisms of addiction leading to compulsive drinking and behavior. We believe this physical aspect of the disease of alcoholism will remain with the recovering alcoholic until he is glorified and receives his new body from the Lord.

We believe that professional counseling and therapy is usually necessary to help individuals to overcome the consequences of alcoholism. Also, we recognize that alcoholism is a "family illness", and believe that all of the members of the alcoholic's family need to be a part of the recovery process by receiving specialized help themselves. We accept the Twelve Steps of Alcoholics Anonymous as a reliable and orderly approach to recovery from alcoholism. We identify the higher power as the person and work of Jesus Christ. We also believe there are some very specific scriptural principles that must be applied to such an individual to assist him in a victorious and fruitful Christian walk.

Many of the attitudes, temptations, feelings, and patterns of thought resulting from the alcoholic's lifestyle are not immediately removed upon an alcoholic's rebirth. We believe these things constitute elements of this "sinful nature", or "flesh", that he will struggle with as long as he remains in this world. Therefore, through a process of discipleship, he must "transform by the renewing of his mind." (Romans 12:2) and must learn to "walk in the Spirit that he might not fulfill the desires of the flesh." (Galatians 5:16)

Charlotte Rescue Mission "Statement of Faith"

I believe Jesus Christ is my savior and as a Christian I agree with the following statement of faith:

1. We believe the scriptures of the Old and New Testaments were given by inspiration of God.
2. We believe that there is one God, eternally existent in three co-equal persons: Father, Son and Holy Spirit.
3. We believe that Jesus Christ is fully God and fully man. As God, his death on the cross is sufficient to pay for our sins so that we may spend eternity in heaven with him.
4. We believe the Holy Spirit performs the miracle of the new birth in unbelievers and strengthens believers to live the life God has called them to live.

Release Statement Please Read Carefully!

- The information contained in this application is true and correct to the best of my knowledge.
- I understand that fraudulent answers will result in my dismissal from Charlotte Rescue Mission employment in the event I become a Charlotte Rescue Mission employee.
- I agree to authorize Charlotte Rescue Mission to conduct a criminal background check on me. I understand that all criminal background checks will be treated as confidential.
 - I give Charlotte Rescue Mission permission to contact the Department of Transportation and/or designated State agencies to verify my driver's license number, status and driving record
 - I give Charlotte Rescue Mission permission to conduct a credit check on me.
- I understand and authorize the access to any and all information and records relating to my criminal history or criminal offenses committed.
- I understand and authorize any references, or any other person or organization, whether or not identified in this application, to give any information, (including opinions) regarding my character and fitness for service. I understand that information given by these references may be a determining factor of employment.

- I hereby release any reference contact, whether identified or not in this application, and waive any and all claims, liability for damages of whatever kind or nature which may at any time result to me, my heirs/family, on account of compliance with this authorization, excepting only the communication of knowingly false or misleading information.
- I agree to a urine drug-screen and breathalyzer test prior to employment as required by company policy and conducted through an approved certified laboratory service.
- I am aware that background checks may be updated periodically.
- I understand that the Charlotte Rescue Mission operates Christian based recovery programs and I support their statement of philosophy and statement of faith as outlined above.
- I intend this to be legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.

I HAVE CAREFULLY READ THIS RELEASE AND KNOW THE CONTENTS. I SIGN THIS RELEASE AS MY OWN FREE ACT.

Signature of Applicant

Name of Applicant

Date: ____/____/20____

PLEASE attach resume