



GP Worship Leader  
Employment Application

Personal

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address (City, State & Zip) \_\_\_\_\_

\_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_

Why do you feel you are a good fit with this position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any special training that qualifies you for this position? Have you led worship at a church before? If so where?

\_\_\_\_\_

\_\_\_\_\_

Safety and Security

The question below is a part of our application process in order to help provide a safe and secure environment to our children, staff & congregation. Thank you for your understanding.

Have you ever been arrested, convicted of a crime, or are under any investigation by State or Federal agencies that would affect your ability to be around children and serve as the Worship Leader at The Grace Place (Salem Baptist Church)?

If you answered yes above, please explain:

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Work History and Church History

List any previous work you have done involving your church:

Date:	Church/Organization	Position	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List employment history

Date:	Church/Organization	Position	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All information is held in strict confidence by The Grace Place Church Staff. Your answers to these questions will not necessarily exempt you from involvement with our program.

Do you have a personal relationship with Jesus Christ? \_\_\_\_\_

When did you submit to Christ as your Lord & Savior? \_\_\_\_\_

Have you attended a church regularly in the last 2 years? \_\_\_\_\_

Are you a member of a church? \_\_\_\_\_

Name of church? \_\_\_\_\_

**References**

1) Full Name: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone number: \_\_\_\_\_

2) Full Name: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone number: \_\_\_\_\_

Do you have any medical conditions we should know of? (Please include allergies):

\_\_\_\_\_  
\_\_\_\_\_

Release statement:

The information contained in this application is correct to the best of my knowledge. I authorize any personal or job references to give you any information, including opinion that they have regarding my character and fitness for work with children/youth and the church congregation. I release all references from liability from any damages that may result from providing such evaluations. I understand that any omission of material fact on this application may be grounds for rejection of the application and/or termination of employment. I waive any right to inspect any information provided about me by any person or organization identified in this application. Should my application be accepted, I agree to teach in accordance with the policies and doctrine of The Grace Place church and to refrain from any conduct which may reflect badly on the church or myself in the performance of my duties on behalf of The Grace Place Church.

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