



APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone				E-mail Address					
Date Available			Social Security No.			Desired Salary			
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
EDUCATION									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES									
<i>Please list three professional references.</i>									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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CODE OF CONDUCT AND STATEMENT OF FAITH

I would like to serve with JSAW. I understand that this means that I am entering into a leadership role with a community of believers and I agree to put forth my best effort at all times in pursuit of JSAW's mission, vision and values.

Mission Statement

Making riders into disciples.

Vision Statement

Transforming action sports culture.

Values

Servant Leadership, Authenticity and Relentless Faith

Lifestyle Code of Conduct

- Drug use, tobacco abuse and alcohol abuse is not tolerated.
- Alcohol and tobacco use is permitted in appropriate places/times/amounts (Duet. 5:7, Ephesians 5:18) however it is not looked upon highly because it is unhealthy and can hinder your mind and spirit.
- Sexual immorality (ie. any sexual activity outside of marriage) is not tolerated including pornography (1 Thess. 4:3-4, Matt 5:27-28).
- Appropriate language is required (Eph 4:29, Col 3:8).
- Always positively represent the organization, staff, volunteers and board members.
- Constantly be making effort to improve yourself, try new things and be pushed beyond your limits
- Be straightforward, respectful, honest, and hold other members accountable.

Statement of Faith

I agree upon the belief that the Bible is God's word, and that God loves us so much that he sent his only Son Jesus Christ into the world to die on a cross to forgive our sin, be resurrected from the dead and that whoever believes in Jesus will be saved and will receive the gift of the Holy Spirit and eternal life.

By signing below I commit to live according to this Code of Conduct and Statement of Faith and I understand violation of this will result in consequences as determined by the Board of Directors.

Print Name: _____ Date: _____

Signature : _____

Please attach a typed personal testimony...

Gifts, Experience and Skills Sheet

Please circle all that apply to you...

Spiritual gifts

Prophecy	Leadership
Pastor	Administration
Teaching	Miracles
Wisdom	Healing
Knowledge	Tongues
Exhortation	Interpretation
Discerning of Spirits	Voluntary Poverty
Giving	Celibacy
Helps	Intercession
Mercy	Deliverance
Missionary	Service
Evangelist	Apostle
Hospitality	Leading Worship
Faith	

Career Experience

Financial-Accounting	Technology
Financial-Investing	Logistics
For Profit Executive	Maintenance
Legal-Attorney	House wife / spouse
Media-Journalism	Student
Marketing-Public Relations	Minister
Non Profit Executive	Deacon or such
Non Profit Staff Member	Worship Leader

Organizational Experience/Skills

Board Development	Good at Evaluating
Board-Staff Relations	Strong Business Relations
Collaboration	Financial Management
Community Spokesperson	Investing
Documentation Expert	Well Known in Community

Personal Skills

Open-Minded	Cultivates relationships
Passionate about Cause	Works well in Groups
Good Speaker	Time Management
Strong Facilitator	

Top 5 Strengths from Strengths Finder

- | | |
|---|---|
| 1 | 3 |
| 2 | 4 |

Conflict of Interest Disclosure Form

Date: _____

Name: _____

Position (employee/volunteer/trustee): _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between JSAW and your personal interests, financial or otherwise:

_____ I have no conflict of interest to report

_____ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of JSAW.

Signature: _____

Date: _____