

**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?**   ☐ **Yes**       ☐ **No**

**2. What level of college education do you have?**

☐ **None**   ☐ **Less than 2 yrs**   ☐ **2 Year Degree**   ☐ **Bachelor Degree**   ☐ **Master Degree**

**EMPLOYER INFORMATION (past 3 years)**

<b>Employer</b>	<b>Address (city, state)</b>	<b>Dates</b>	<b>Type of Work</b>

**SELF ASSESSMENT**

**Please assess yourself in the following areas:**

<b>Area</b>	<b>Uncertain</b>	<b>Outstanding</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Weak</b>
<b>Personal Integrity</b>						
<b>Self-Discipline</b>						
<b>Willingness to Serve</b>						
<b>Willingness to Learn</b>						
<b>Reliability</b>						
<b>Communication Skills</b>						
<b>Leadership Skills</b>						

### **ESSAY QUESTIONS**

*Please answer each of the following questions on a separate page and limit each response to one page in length.*

*1. Explain the difference between the terms: “disabled adult” and “adult with a disability”.*

*2. Why are you interested in working with Mark 2 Ministries?*

*3. Share your beliefs about working with adults with developmental disabilities and why self-determination is important.*

*Have you ever been convicted of any crime including sex related or abuse related offenses?*

☐ Yes     ☐ No     *If yes, explain:*

*Do you have CPR certification? ☐ Yes ☐ No If yes, attach a copy.*

*Do you have First Aid Certification? ☐ Yes ☐ No If yes, attach a copy*

*Do you have records of a recent TB test? ☐ Yes ☐ No If Yes, attach a copy of results.*

*Do you have a valid Oregon driver's license? ☐ Yes ☐ No If no, explain: If yes, attach a copy.*

*Do you have any driving restrictions on your driving record? ☐ Yes ☐ No If Yes, explain:*

### **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.*

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Name

Email

Phone

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Name

Email

Phone

*Please sign and date the application:*

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Applicant Signature

Date