



Ambassadors
of
Reconciliation™

APPLICATION FOR EMPLOYMENT

Ambassadors of Reconciliation

2110 Overland Avenue, Suite 111, Billings, MT 59102
or mail to
P.O. Box 81662, Billings, MT 59108-1662
844/447-2671

Dear Applicant,

We are pleased that you have an interest in working with us. In order for us to determine whether or not we should work together, you need to know something about us and we, of course, want to know something about you as well.

Ambassadors of Reconciliation is an international ministry founded to help Lutherans and their churches in carrying out their peacemaking responsibilities as Christ's ambassadors. Our mission is equipping Lutherans and their churches for living, proclaiming and cultivating lifestyles of reconciliation.

Ambassadors of Reconciliation is an independent, non-profit corporation. Our approach is based upon the Holy Scriptures. We provide our services through three ministry divisions: Reconciliation Ministries (offering reconciliation services, training and resources) in Billings, the Institute for Christian Conciliation (offering conciliation services through a network of Certified Christian Conciliators) also in Billings, Montana and CrossLife Ministries (offering counseling services) in Seymour, Indiana.

In order to accomplish such a ministry, we provide opportunities for people to exercise their spiritual gifts, skills, and experience in many different capacities.

Because the number of applications we receive is typically greater than the number of current job openings, your application will be kept active for 90 days. It will be carefully evaluated. We will contact you for further interviewing if we believe you qualify for a particular position.

Ambassadors of Reconciliation is an equal opportunity employer and abides by the various federal laws governing the activities of a religious 501(c)3 organization. We will consider you for a specific position without discrimination because of race, color, sex, national origin, marital status, age or handicap.

We also comply with the Americans for Disabilities Act of 1990. If your application leads to an interview, you may be asked questions concerning your ability to perform job-related functions.

Please feel free to add additional pages to the application form if there isn't room to completely fill in all you would like us to know about you. If you do have a resume, we would be delighted to receive that as well.

Thank you for considering Ambassadors of Reconciliation as a place to use your God-given skills.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

New Hire Name _____ Hire Date ____/____/____
Dept/Area _____ Supervisor _____
Job Title _____

PERSONAL INFORMATION

Name _____ Soc. Sec. # _____ - _____ - _____

Home Phone (____) _____ - _____ Emergency Phone (____) _____ - _____

Mailing Address _____ City, State, Zip _____

Your email address: _____

Position Desired _____ Pay rate desired \$ _____

Do you desire Full-time work or Part-time work? Days and hours available _____

Date available to start _____ If under 18, do you have a current work permit? Yes No

What prompted you to apply? Our mission Friend Staff member Other _____

List any references presently working at Ambassadors of Reconciliation:

Are you legally eligible to work in the USA.? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain:

EMPLOYMENT HISTORY

List your present or most recent employer first and work backward. Please give accurate, complete, full-time and part-time employment information. If you do not possess all the information requested, we strongly encourage you to obtain it for your application materials. Incomplete information may delay or disqualify your application for employment. Please provide work history for at least the past ten years, or since graduation if less than ten years. You may attach additional information if there are more than the four employers provided for in this form.

I. Employer (most recent) _____ Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Employed (mo./yr.) from ___/___ to ___/___ Supervisor's Name _____

Your job title _____

Position(s) held/ duties

Starting pay rate \$ _____ Final pay rate \$ _____ Reason for leaving _____

II. Employer _____ Phone (____) ____ - _____
Address _____ City _____ State ____ Zip _____
Employed (mo./yr.) from ___/___ to ___/___ Supervisor's Name _____
Your job title _____
Position(s) held / Duties _____

Starting pay rate \$ _____ Final pay rate \$ _____ Reason for leaving _____

III. Employer _____ Phone (____) ____ - _____
Address _____ City _____ State ____ Zip _____
Employed (mo./yr/) from ___/___ to ___/___ Supervisor's Name _____
Your job title _____
Position(s) held / duties _____

Starting pay rate \$ _____ Final pay rate \$ _____ Reason for leaving _____

IV. Employer _____ Phone (____) ____ - _____
Address _____ City _____ State ____ Zip _____
Employed (mo./yr/) from ___/___ to ___/___ Supervisor's Name _____
Your job title _____
Position(s) held / duties _____

Starting pay rate \$ _____ Final pay rate \$ _____ Reason for leaving _____

May we contact all the employers you have listed? Yes No. If not, please state name(s) of employer(s) you do not wish us to contact and give reason. _____

EDUCATION AND TRAINING

Circle highest grade completed: 7 8 9 10 11 12 College 1 2 3 4 5 6 Did you graduate? Yes No

Schools and their locations from which you graduated:

Graduate degree(s) _____

Concentration of courses taken _____ GPA _____

Other training, trade schools, certifications, or classes taken

Office or clerical skills (typing speed, 10-key machine, computer skills, etc.)

List your hobbies or favorite pastimes:

Use this space to provide ANY ADDITIONAL INFORMATION that you believe would be helpful to us regarding your experience or other special qualifications not listed elsewhere in this application.

REFERENCES

List three persons (other than relatives or former employers) who have knowledge of your skills and abilities in the area for which you applied:

	Name	How they know you	Address	Phone No.
1.				
2.				
3.				

Christian Faith and Life Application

Because of the nature and purpose of our organization, all employees are required as part of their job descriptions to be ready to pray with people. In addition, each employee is expected to be able to share with business associates, guests, and visitors regarding his or her faith in Jesus Christ. In light of these facts, the following information is requested as a bona fide occupational qualification.

Church you are presently attending _____

Address of church _____

Pastor's name _____ Office telephone (____) _____ - _____

Are you a member of this church? Yes No If not, why not? _____

Please give a brief description of being a redeemed child of God and living out your faith in the Lord Jesus Christ. Include how this affects your relating to others:

Describe ways you are involved in your local congregation:

We would like to advise you that we may conduct routine inquiries during the processing of this application that will provide us with pertinent information concerning your work abilities, character, general reputation, and lifestyle.

You need to clearly understand that while we make every effort to provide steady, continuing work, we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including financial conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. And, of course, you may elect to leave of your own volition.



By my signature below, I expressly authorize Ambassadors of Reconciliation, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I authorize each employer and reference that I have listed above to release to Ambassadors of Reconciliation any and all information in his/her/its files and possession that would be pertinent to my qualifications for the position(s) for which I have applied. I understand that a background check may be part of this application process and authorize this practice. I hereby waive any and all rights and claims I may have regarding Ambassadors of Reconciliation or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that my employment with Ambassadors of Reconciliation is for no specific term and may be terminated by me or by Ambassadors of Reconciliation with or without notice or cause at any time. I further understand that no oral promise, Ambassadors of Reconciliation policy, custom, business practice, or other procedure constitutes an employment contract or modification of the at-will relationship between me and Ambassadors of Reconciliation.

I also declare by my signature that the statements and information I have provided on this application are true and accurate to the best of my knowledge and belief. I understand that any intentional omission or misstatement of fact on this application will be sufficient cause for refusal to employ and/or cause for discharge.

Applicant's signature _____ Date _____

IMPORTANT POLICIES TO KNOW BEFORE SUBMITTING THIS APPLICATION

Ambassadors of Reconciliation hosts a growing number of guests, such as pastors and clients who may visit us for any number of reasons. It is important for us to create an atmosphere that all these individuals will find acceptable and that will maintain a positive witness for our Lord. We are perceived by others as a group of professionals, and there are certain expectations of how we should conduct ourselves. It is to this end that we have the following regulations:

APPEARANCE

It is difficult to give specifics regarding appearance without being misunderstood or being too legalistic. We must depend on the maturity of each staff member to understand the ministry's desire for not being an offense to others by being slovenly, showy, or otherwise inappropriate. As a general guideline, however:

Our clothing should be business-like in the office environment and functional in the work areas. Shorts and clothing that exhibits "worldly" graffiti are not acceptable. Facial hair should be kept neatly trimmed. Good grooming and hygiene are essential. Extremes in apparel should be avoided and modesty is important.

ALCOHOL, DRUGS, AND SMOKING

Any employee on our premises found selling, using, or under the influence of alcohol or illegal drugs (including marijuana) will be subject to termination. Smoking is not allowed in the office.

CHURCH RELATIONSHIP

We are a parachurch ministry and not a church. Scripture teaches about the necessity of being active in worship and Bible study (e.g., Acts 2:42; Col. 3:16; Hebrews 10:22-25) and to be accountable to others who have the responsibility for our spiritual well being (e.g., 1 Thessalonians 5:12-13; Hebrews 13:17). Therefore, we require that each employee be accountable to the leadership of a local congregation, where he or she attends regularly and is active in its ministry. We also reserve the right to contact an employee's pastor if it becomes apparent that the pastor needs to be apprised of spiritual concerns we may have about that employee.

CONDUCT AND CHARACTER

Because of the nature of our ministry, people tend to judge the entire organization and even Christians in general by the lifestyles of our employees. We are known as "Christians" and as "peacemakers." Our lives and conduct should reflect this, especially in our relationships with fellow employees, family, neighbors, business contacts, etc. Therefore, indulgence in any lifestyle or pastime that is illegal or scripturally questionable is subject to discipline up to and including termination. Examples are: sexual activity out of wedlock, drunkenness, conviction of a felony crime, refusal to honor financial obligations, etc.

If you are in agreement with these policies, please sign below and include this page with your application. If you take exception to any of the above statements, do not sign, but attach a note of explanation.

Name _____ Date _____