



APPLICATION FOR EMPLOYMENT

P.O. Box 47
Nampa, ID 83653
(800) 359-7623

jobs@maf.org - www.maf.org

Mission Aviation Fellowship (MAF) is an equal opportunity employer, and conducts hiring without regard to race, color, ancestry, national origin, citizenship, age, sex, marital status, veteran, current or future military status, parental status, or disability of an otherwise qualified individual.

PLEASE PRINT

Last Name First Name Middle Name

Address City State Zip Code

Telephone/Cell Number(s) E-Mail Address

Position Applied For (Please be specific): Date of Application

\*Each position applied for requires a separate application

How did You Hear About This Position?
MAF Website Career Builder / Monster Church Posting Newspaper Other

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No

If Yes, give date

Are you currently employed? Yes No

Are you presently legally authorized to work in the United States on a full time basis (Proof will be required upon employment) Yes No

Have you been convicted of a felony or misdemeanor? (Conviction will not necessarily disqualify an applicant from employment) Yes No

If Yes, please explain

On what date would you be available for work?

Type of employment desired: Full Time Part Time Temporary On-Call

## EDUCATION:

NAME OF SCHOOL	COURSE OF STUDY	DIPLOMA/ DEGREE
<b>HIGH SCHOOL:</b> _____ Circle highest grade completed	_____ 9 10 11 12 _____	_____
<b>UNDERGRADUATE COLLEGE/ UNIVERSITY:</b> _____ Circle years completed	_____ 1 2 3 4 5 6 _____	_____
<b>GRADUATE PROFESSIONAL:</b> _____ Circle years completed	_____ 1 2 3 4 5 6 _____	_____
<b>OTHER (SPECIFY):</b> _____	_____	_____

Describe any specialized training, apprenticeship, skills, extra-curricular activities or honors/awards received and any other additional information you feel may be helpful in considering your application:


## SPECIALIZED SKILLS:

Check skills/equipment operated

<b>OFFICE EQUIPMENT:</b> Typewriter <input type="checkbox"/> 10-Key <input type="checkbox"/> FAX Machine <input type="checkbox"/> Copier Machine <input type="checkbox"/>	<b>COMPUTER:</b> MAC <input type="checkbox"/> IBM <input type="checkbox"/> E-mail <input type="checkbox"/> Internet <input type="checkbox"/>	<b>WORD PROCESSOR:</b> Word Perfect <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Other <input type="checkbox"/>	<b>SPREADSHEET/DATA:</b> Excel <input type="checkbox"/> Access <input type="checkbox"/> Other <input type="checkbox"/>
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## REFERENCES: (List three personal references that are not previous employers)

Name:	Address	Phone #
1.		
2.		
3.		

Are there any current employers that you do not want us to contact regarding your employment history with them. If so, please state who and the reasons why:

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**EMPLOYMENT HISTORY:** PLEASE FILL IN COMPLETELY EVEN THOUGH YOU HAVE ATTACHED A RESUME. (Start with your present or last job. You may include any job related military service assignments and volunteer activities.)

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_ SALARY: \_\_\_\_\_ HR \_\_\_\_\_ MO \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

Position held: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_ SALARY: \_\_\_\_\_ HR \_\_\_\_\_ MO \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

Position held: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_ SALARY: \_\_\_\_\_ HR \_\_\_\_\_ MO \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

Position held: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_ SALARY: \_\_\_\_\_ HR \_\_\_\_\_ MO \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

Position held: \_\_\_\_\_ Description of Duties: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

**Mission Aviation Fellowship (MAF)** is an evangelical, Christian ministry organization centered in Jesus Christ. As part of His church, the purpose of Mission Aviation Fellowship is: "Sharing God's Love Through Aviation and Technology". In order to fulfill our purpose, the organization as a whole is committed to upholding our Statement of Faith (see back) and expects all of our employees to be in agreement with it as well. Toward this end, please share with us the following information:

**Church presently attending:**

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**City:** \_\_\_\_\_ **Pastor:** \_\_\_\_\_

**Please give a brief statement of your personal relationship with Jesus Christ and how it began:**

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**Please state how you are presently involved at your church:**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# STATEMENT OF FAITH

## Mission Aviation Fellowship believes in:

1. The divine inspiration of the Bible; that it is inerrant in the original writings, and is of supreme and final authority in faith and practice.
2. One God, eternally existing in three persons: Father, Son and Holy Spirit.
3. The creation of man in the divine image, man's subsequent fall through sin, resulting in universal guilt and total depravity; and the necessity, therefore, of redemption and restoration.
4. The deity of Jesus Christ, His virgin birth, perfect life, redeeming death, bodily resurrection, heavenly intercession, and His personal return.
5. The personality of the Holy Spirit by Whose regenerative work sinful man is born again, and by Whose indwelling regenerate man is enabled to live a godly life.
6. The bodily resurrection of the just and the unjust, the everlasting blessedness of the saved, and the everlasting punishment of the lost.
7. The spiritual unity of all believers as comprising the true Church, which has the duty to preach the Gospel to every creature.

## I agree with MAF's Statement of Faith

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**Signature**

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**Date**

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**Print Your Name**

**EMPLOYER'S NOTICE  
APPLICANT'S CONSENT TO REFERENCE CHECKING**

As part of the hiring process, we will be checking your references. We may contact those persons whom you have identified as potential references or past employers. When we contact a reference, we may ask them questions about your educational background, general reputation, character, personal characteristics, habits and work experience. We may use an outside firm to check references. If we do, under the Federal Fair Credit Reporting Act we are required, upon your written request, to provide you with the name and address of the firm that is checking your references so that you may contact them for further information.

I have read and fully understand the foregoing. I hereby voluntarily consent to allow Mission Aviation Fellowship (MAF), or any of its officers, employees, agents or designees to check my references by contacting any person whom they deem to be an appropriate reference in asking any questions which they consider relevant to their hiring decision, including questions about my educational background, and work experience.

I also hereby authorize any persons, companies, organizations, or corporations to answer all questions or release any information regarding the items listed in this Paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**APPLICANT'S STATEMENT**

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**