



APPLICANT INFORMATION			
Last Name		First	M.I. Gender M: <input type="checkbox"/> F: <input type="checkbox"/>
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			Date of Application
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 organization?	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 two professional references and one personal reference.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT: PLEASE SEND YOUR RESUME ALONG WITH THIS APPLICATION	
May we contact your current/previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Company	Phone ()
Address	Supervisor

OTHER INFORMATION: PLEASE ANSWER QUESTIONS 2-5 IN A SEPARATE WORD DOCUMENT	
1. Church in which you are currently actively involved: _____	Member: YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact your Pastor? YES <input type="checkbox"/> NO <input type="checkbox"/>	Phone _____ Email _____
2. Write your testimony including the circumstances and time of your conversion and subsequent spiritual growth.	
3. Which computer programs are you proficient in? (i.e. Microsoft office, Canva, Animoto, etc.)	
4. Why do you think you would be a good fit for this position?	
5. Why do you want to work at LCMI?	

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 _____

Please email this application form along with your resume and any other relevant attachments to info@lcmintl.org.

Updated: April 2024