



First Apostolic Council of KY & TN  
**ADJUTANT/SECURITY STAFF**

APPLICATION

Director: Pastor L. McNeese, Ph.D.

*Please Print*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Your Church (Name): \_\_\_\_\_ How Many Years: \_\_\_\_\_

Current Positions: \_\_\_\_\_

Positions Held: \_\_\_\_\_

Have you ever been denied a church position?  Yes  No Explain: \_\_\_\_\_

Do you attend council sessions regularly?  Yes  No Do you attend church services regularly?  Yes  No

What qualifies you for a position as an Adjutant? \_\_\_\_\_

Have you ever been fired from any position in your church or ministry?

Yes  No If yes, why? \_\_\_\_\_

Have you previously worked in a security/armor bearer or law enforcement position?  Yes  No

If yes, where? \_\_\_\_\_

Jacket Size: \_\_\_\_\_ Shirt/T-Shirt Size: \_\_\_\_\_

**Availability: (Please list start and end times)**

	Tuesday	Wednesday	Thursday	Friday	Saturday
Day Availability (example)	8 am to 4 pm	8 am to 4 pm	7 am to 4 pm	8 am to 4 pm	8 am to 4 pm
Evening Availability (example)	4pm to 11 pm	4 pm to 11 pm	4 pm to 11 pm	4 pm to 11 pm	4 pm to 11 pm

**Please check all locations you will definitely be available to work:**

Bowling Green, KY  Lexington, KY  Louisville, KY  Owensboro, KY  Paducah, KY  Nashville, TN

Huntsville, AL  All  Other: \_\_\_\_\_

Do you have drivers license?  Yes  No

Is your driving record clear and in good standing?  Yes  No

Are you at least 18 years old?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No

If yes, what kind?  Felony  Misdemeanor  Other \_\_\_\_\_

**The nature of the crime(s), when and where convicted, and disposition of the case can all be discussed privately with Dr. McNeese.**

*(Note: No applicant will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)*

*The following requirements are in effect to ensure that anyone volunteering to be an F.A.C. Adjutant/Security team member is a responsible individual who will act in a professional manner at all times.*

**(Please initial)**

\_\_\_\_\_ I am willing to work during break times, and I understand that at times I may be required to be the first person on site or in the building as well as the last one to leave.

\_\_\_\_\_ I have a valid driver's license in the state of \_\_\_\_\_ .

\_\_\_\_\_ I have a high school diploma or G.E.D. equivalent.

\_\_\_\_\_ I am at least 18 years old

\_\_\_\_\_ I have no unresolved criminal history. Anything that might affect or prevent me from working with children, firearms, large sums of money or any position of public trust must be disclosed and discussed privately with Dr. McNeese.

\_\_\_\_\_ I understand that everything discussed between other team members and Dr. L. McNeese must be kept confidential.

\_\_\_\_\_ I have secured my pastor's approval for this position. \_\_\_\_\_

\_\_\_\_\_ I understand that the only person that can hire me for this position is Dr. L. McNeese.

\_\_\_\_\_ I understand that I may be relieved of duty at any time at the discretion of Dr. L. McNeese without explanation.

\_\_\_\_\_ I have no medical condition that may interfere with the performance of my duties as an F.A.C. officer.

\_\_\_\_\_ I agree to a background check being conducted on me to include a public investigation and court record search.

*I hereby certify that I have not knowingly withheld any information that might adversely affect my eligibility to serve or chances for consideration and that the answers given by me are true and correct to the best of my knowledge. I understand that my job is simply to observe and report. The use of physical force of any kind and has not been authorized, requested or recommended by the First Apostolic Council of Kentucky and Tennessee. By signing below, I agree that I fully understand and accept the terms and requirements listed above and certify that I am qualified for this position.*

\_\_\_\_\_  
**Print Name**

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

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

**ADD PICTURE HERE:**

**DO NOT FAX.** Original signature is required.

You may mail this form to P.O. Box 2265, Clarksville, TN 37042 or hand deliver it to Dr. L. McNeese.