Assessment: MIT Application: Part II: chris polk

Raw Score for this Application: 5 out of 13 - 38.4615384615%

Q1. First Name, Last Name
First Name: Chris

Last Name: Polk

Q2. Have you completed Foundations in Christianity at Word of Faith?
● Yes
❍ No

Q3. Have you completed Foundations in Priesthood at Word of Faith?
❍ Yes
● No

Q4. Have you ever been ordained or licensed as a pastor or minister?
❍ Yes
● No

Q5. By what governing body are you currently licensed and/or ordained?
N/A

Q6. Are you seeking licensing and/or ordination from MIT?
● Yes
❍ No

Q7. Do you have a personal/ministry website? If so, please provide the web address. (Example: http://www.me.com)
no

Q8. Do you have a Twitter account? If so, please provide it below. (http://www.twitter.com/yourtwittername)
no

Q9. Do you have a Facebook account? If so, please provide it below. (http://www.facebook.com/username)
chris polk

Q10. Do you have a LinkedIn account? If so, please provide it below. (http://www.linkedin.com/username)
no

Q11. Do you have access to a computer for the completion of the MIT coursework?
● Yes
❍ No

Q12. Highest level of education?
Associated degree

Q13. Name, Location, and Years attended. (High School - College) (From: MM/YYYY-To: MM/YYYY)

SCHOOL'S NAME	SCHOOL'S CITY, STATE	FROM:	TO:	FIELD OF STUDY:	DEGREE/DIPLOMA:
1 - Thorton Community College	City: South Holland State: Associate Degree	Month: 9 Day: 7 Year: 1974	Month:5 Day: 7 Year: 1977	1977	General Associate Degree ILL.
2 -	City: State:	Month: Day: Year:	Month: Day: Year:		
3 -	City: State:	Month: Day: Year:	Month: Day: Year:		
4 -	City: State:	Month: Day: Year:	Month: Day: Year:		
5 -	City: State:	Month: Day: Year:	Month: Day: Year:		

SCHOOL'S NAME	SCHOOL'S CITY, STATE	FROM:	TO:	FIELD OF STUDY:	DEGREE/DIPLOMA:
6 -	City: State:	Month: Day: Year:	Month: Day: Year:		
7 -	City: State:	Month: Day: Year:	Month: Day: Year:		
8 -	City: State:	Month: Day: Year:	Month: Day: Year:		

Q14. Do you have any licenses and/or certifications? (List Name, Date Certified, Expiration for each.)

NAME OF CERTIFICATION	DATE CERTIFIED/LICENSED:	EXPIRATION (IF APPLICABLE):
Business License	Month: 3 Day: 5 Year: 1998	Month:1 Day: 2 Year: 2015

Q15. Have you ever worked for the armed forces?

- ❍ Yes
- ● No

Q16. If you answered yes to question #14, in which branch did you serve? (Ex. AIR FORCE, ARMY, NAVY, MARINES, COAST GUARD, NATIONAL GUARD)

NAME BRANCH OF SERVICE	HIGHEST RANK	DATE ENTERED:	DATE DISCHARGED:	TYPE OF DISCHARGED:	DD214 NUMBER:
1 -		Month: Day: Year:	Month: Day: Year:		

Q17. Describe your work history?

- ● One or two jobs in the last five years
- ❍ Three jobs in the last five years
- ❍ Four or more jobs in the last five years
- ❍ No job in the last five years because of retirement
- ❍ No job in the last five years because of physical restrictions or mental illness
- ❍ No job for other reasons

Q18. Work History: Please list the last 10 years.

EMPLOYER'S NAME	EMPLOYER'S CITY, STATE	FROM:	TO:	JOB TITLE:	SUPERVISOR'S NAME/PHONE NUMBER:	DESCRIBE YOUR WORK:	REASON FOR LEAVING (IF APPLICABLE):
61 - Self-Employed (Polk And Son Lawn Care Inc.)	City: Stone Mountain State: Ga.	Month: 3 Day: 3 Year: 1998	Month: 1 Day: 5 Year: 2015	Owner	Chris Polk	Maintain Commercial and Residence Properties	