Assessment: MIT Application: Part II: Nikole Kirk

Raw Score for this Application: 4 out of 13 - 30.7692307692%

Q1. First Name, Last Name
First Name: Nikole

Last Name: Kirk

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)
N/A

Q8. Do you have a Twitter account? If so, please provide it below. (http://www.twitter.com/yourtwittername)
N/A

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

Q10. Do you have a LinkedIn account? If so, please provide it below. (http://www.linkedin.com/username)
N/A

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

Q12. Highest level of education?
Bachelor 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 - Carroll High School	City: Monroe State: Diploma	Month: 8 Day: 15 Year: 1988	Month:5 Day: 20 Year: 1992	1992	High School Diploma LA
2 - University of Lousiana at Monroe	City: Monroe State: A.S.	Month: 8 Day: 20 Year: 1992	Month:5 Day: 30 Year: 1996	1996	Office Information System LA
3 - Mercer University	City: Atlanta State: B.S.S.S.	Month: 8 Day: 16 Year: 2004	Month:5 Day: 19 Year: 2010	2010	Human Services GA
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:		
9 -	City: State:	Month: Day: Year:	Month: Day: Year:		
10 -	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):

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 - Family Functions, LLC	City: Union City State: GA	Month: 8 Day: 8 Year: 2012	Month: 11 Day: 1 Year: 2014	Executive Director	E'Terica Rucks 404-767-5001	Execute Company's vision, manage/supervise staff	Laid Off
62 - Wellstar Hospital	City: Douglasville State: GA	Month: 7 Day: 11 Year: 2011	Month: 2 Day: 15 Year: 2012	Patient Access Specialist	Sera 770-949-1500	Register Patients	Better Job
63 - Yancey Bros. Co	City: Austell State: GA	Month: 7 Day: 11 Year: 2004	Month: 1 Day: 9 Year: 2009	Training Coordinator	Jim Larson 770-941-2300	Assist with Training needs for Diesel Mechanics and Safety	Laid Off