

Summary of Assessments: : CAP) Church planter application. (Section II):

Q1. Please enter the following: First Name, Last Name

First Name:

Last Name:

Q2. Education

SCHOOL'S NAME	SCHOOL'S CITY, STATE	FROM:	TO:	FIELD OF STUDY:	DEGREE/DIPLOMA:
1 - John T. Hoggard	City: Wilmington} State:	Month: 8 Day: 1 Year: 1970	Month:6 Day: 1 Year: College Prep	College Prep	HS Diploma
2 - Merrimont College	City: LosAngeles} State:	Month: 8 Day: 1 Year: 1973	Month:6 Day: 1 Year: Business Administration	Business Administration	BA
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:		
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:		

Q3. Have you ever been ordained or licensed as a pastor or minister?

Yes

No

Q4. Do you speak any other language other than English?

Yes

No

Q5. Military Service

NAME BRANCH OF SERVICE	HIGHEST RANK	DATE ENTERED:	DATE DISCHARGED:	TYPE OF DISCHARGED:	DD214 NUMBER:
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Q6. Work History

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 - Allstate Insurance Company	City: Atlanta State: GA	Month: 10 Day: 21 Year: 1980	Month: 8 Day: 30 Year: Regional Marketing Director	Cliff Butler 770-987-4454			