

Elim Global Missions Initiative

Elim Tabernacle

Revised 03. 05. 2018

STAFF APPLICATION

Please attach a recent photograph and letter of recommendation from your Pastor.

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Referral Source: Newsletter Friend Staff Person Relative Other, List Who: _____

Section A: Personal Information

Date of Application:

Position(s) Applied For:

Name:
(Last) (First) (Middle)

Address: Street:

City, State & Zip Code:

Country: Telephone:

Mobile: Fax:

E-mail:

Emergency contact:

Ethnicity Asian Black Hispanic Native American Pacific Islander White Other

Section B: Family

Marital Status: Married Single Divorced Separated Widowed

Family: If married, provide spouse contact information

List name and ages of children:

Section C: Travel information:

Passport details:

Date of birth:	<input type="text"/>	Nationality:	<input type="text"/>
Place of birth:	<input type="text"/>	Passport #	<input type="text"/>
Country of birth:	<input type="text"/>	Date of issue:	<input type="text"/>
Father's name:	<input type="text"/>	Place of Issue:	<input type="text"/>
Mother's Name:	<input type="text"/>	Expiry Date:	<input type="text"/>

Countries Visited:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Section D: Education

Education	Elementary	High School	College/University	Graduate/Professional
School Name				
Completed Year/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree				
Describe Course of Study				

Honors Received: State any additional information you feel may be helpful to us in considering your application:

Can you drive if a position requires it? ____ Yes ____ No Current Valid Driver's License Number: _____

State/Country: _____

List languages including local dialect that you speak, (S) read (R) and/or write (W). (R). Indicated if you are fluent (F), good (G) or poor (P):

<i>English (S:F), (R:F), (WF)</i>	<i>means I can speak, read, and write English fluently</i>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have you led worship in your church? _____ Yes _____ No. If Yes, please fill out "Appendix for Worship Leader"

Do you play any musical instrument(s)? _____ Yes _____ No. If yes, what instrument? _____

Can you bring your instrument along for the duration of the training? _____ Yes _____ No.

Describe other musical ability: _____

Would your church leadership approve of you joining our missionary community? _____

Please request and submit a letter of recommendation with this application. If not attainable, please explain _____

Is your spouse/ parent in agreement with your commitment? If no, please explain _____

Please share your reason for wanting to join this community _____

What are your goals/ expectations? _____

Section H: Staff Obligations

Elim Global Missions Initiative (EGMI) facilitates housing in the Houses of Prayer for all full-time volunteer staff. Members are expected to raise support of \$600 per month to cover housing, basic food costs (3 meals a day), utility costs and limited use of ministry transportation.

- New staff are required to submit 4 months support before they begin working and afterwards remit support on the first of the month to the house of prayer
- Staff must purchase and maintain a roundtrip airplane ticket to and from their home country valid for their time of commitment
- Additional financial support may be needed depending on the personal lifestyle and could range from \$100-\$200 per month.

Would you be able to raise your minimal financial support to cover \$600 + \$100 per month? _____ Yes _____ No

I can raise _____ and request a scholarship from EGMI to cover _____

- Staff should be prepared to sacrifice comfort and luxury being willing to present themselves as a living sacrifice according to Romans 12:1-2.
- Anyone, who is a part of this ministry, gives the right to Shayne Payne and other designated leadership of this community to speak into their lives, as the Bible states, whenever needed.

Health Insurance Policy

While we stand on faith believing in God's divine protection for our staff, EGMI cannot take responsibility for health care for our staff. If you need special medical coverage you are required to secure a health insurance policy valid in the territory where you will be based.

Please provide a medical certificate (International medical certificate) from your Doctor stating that you are in good health. Be sure to mention any physical problems or allergies you may have and if you need to take any medication:

Scheduling

The first 30 weeks with us will be a time of training of the new staff member with their supervisor regarding vision of ministry and the disciplines necessary to live the Set Apart Life. Each day you will be required to attend training sessions, read large portions of the Bible and other books, worship and pray as part of a community, participate in group discussions about prayer, complete chores and fill out staff weekly reports.

Following the initial training period, staff members will be sent on short term or extended missions. The destinations, focus and objectives of the missions will be determined and communicated by the leadership as the Holy Spirit gives directions.

Are you willing to submit and subject yourself to ALL of the above obligations? _____ Yes _____ No.

If yes, review and sign the following statement.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, as may be necessary in arriving at a decision. This application shall be considered active for a period, not to exceed 120 days. Any applicant wishing to be considered beyond this time period should inquire as to whether applications are being accepted at that time. The applicant understands that neither this document nor any offer from EGMI constitutes a contractual agreement unless this document is signed by the leadership of EGMI. In the event of acceptance, I understand that any false or misleading information given in my application or interview may result in discharge. I understand that any visa I receive in conjunction with EGMI is only good if I am working for EGMI and I will abide by all rules, regulations, procedures, policies and guidelines of GMI as described in the staff community ministry manual.

Signature of applicant _____ Date _____

Signature of Acceptance _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for is open: _____ Yes _____ No References checked: _____ Yes _____ No

Position offered: _____

Arrange interview: _____ Yes _____ No

Remarks: _____

Interviewer: _____ Date: _____

Position(s) considered for: _____

Date Agreement Forms Sent: _____ Date Received: _____

Date Visa Applied for: _____ Date Received: _____

Date Health Insurance Applied: _____ Date Received: _____

