APPLICATION FOR A LITERATURE EVANGELIST POST

*(Please state where applicable and use BLOCK LETTERS)*

Surname: ………………………… Other Names: ……………………… Maiden Name: …………………..

Address: …………………………………………………………………………………………………………………………..

Date of Birth: …………………………… Sex: Female Male

Place of Birth: …………………………… NIS # ………………… I.D/ Passport No: ………….…………

Date of Baptism: ………………………. Citizenship: ……………………… Holder of a Visa: ……….……………

Date of Marriage: …………………………………………. Spouse’s Name: …………………..…………………………………

Spouse’s Birthday: ……………………………………….. No. of Children: ……………………………………………………..

Father’s Name: …………………………………………….. Mother’s Name: …………………………………………………….

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| --- | --- | --- |
| Name(s) of Children | Date of Birth | Age |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Where is your Church Membership (Currently)? ………………………………………………………………………………………

Do you believe God is calling you to the Literature Ministry? …………………………………………………………………..

Education Records

|  |  |  |  |
| --- | --- | --- | --- |
| Levels of Education | Degree/ Diploma Held | Institution Granting Degree/ Diploma | Year |
| Elementary |  |  |  |
| Secondary |  |  |  |
| Postsecondary (College) |  |  |  |
| Postgraduate: Master’s |  |  |  |
| Doctoral |  |  |  |
| Other |  |  |  |

**Screening Form for Prospects**

1. How long have you been an Adventists? …………………………………………………………………………….
2. Do you still attend church? …………………………………………………………………………………………………
3. When last did you attend church? ……………………………………………………………………………………..
4. Which church do you attend? …………………………………………………………………………………………….
5. Who is your Church Pastor? ……………………………………………………………………………………………….
6. Who is your First Elder? ……………………………………………………………………………………………………..
7. Have you ever held church office? ……………………………………………………………………………………..
8. Do you hold an office currently? ………………………………………………………………………………………..
9. What office do you hold? …………………………………………………………………………………………………..
10. Have you ever been incarcerated or charged with any offense? ………………………………………..
11. If so what and when? ………………………………………………………………………………………………………..
12. Have you ever had any serious illnesses? ………………………………………………………………………….

Nervous breakdown ………… Slip Disc …………. Heart Attacks ………... Asthma …………………..

Diabetes …………… Spinal Injury …………… Tuberculosis …………… Cancer …………………

Other …………………………………………………….

1. Are you an outpatient of any clinic? ……………… If so where? ……………………………………………..
2. Do you have any problem with your feet and hands? ……………………………………………………….
3. Do you have any financial obligations whether weekly, fortnightly, monthly, yearly? ……….
4. Do you have your own home or do you rent? ……………………………………………………………………
5. What is your rent amount? ……………………………………………………………………………………………….
6. Are you a parent? …………………. Widow? ………………. Married? ……………………………………….

Separated? …………………………….. Single? ………………………………………………………………………….

1. Do you get any type of remuneration, pension or government assistance? ……………………..
2. Please note that sales work as it relates to company deadlines, goals, field visits and sales turnover could be very taxing. Are you prepared to work hard for long hours? ………………..
3. Have you ever done this work before? ……………………………………………………………………………..
4. Please note that this work demands professionalism at every level from your person to the prospect, are you willing to do the same? …………………………………………………………………………..
5. In order to look and operate professionally and successfully the agency forbids the wearing of T-shirts, slippers, sneakers, and jeans as work gear except the Home Health Education Service T-shirt. Are you willing to comply? ………………………………………………………………………………………………
6. Males are required to represent the agency, well-groomed and in Dress shirt and Tie or a Shirt Jack suit. Are you willing to do the same? …………………………………………………………………………………
7. Females are required to carry professional hairstyles and dress that will not expose their person or distract the customer. Are you willing to do the same? …………………………………………………………
8. Please note that body odors can inhibit sales and distract customers, it will be required as a door to door sales person that you use personal effects which will eliminate such problems. Are you willing to do the same? ………………………………………………………………………………………………………………

NAME: ……………………………………………………………………………………………….

ADDRESS: ……………………………………………………………………… TELEPHONE NO.: ………………………………………..

DATE: …………………………………………………………………………... SIGNATURE: ………………………………………………

Previous Work Experience in Denominational Service

|  |  |  |
| --- | --- | --- |
| Place | Position Held | Year |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Type of Work:

Full Time? ………………………………………………………….. Part Time? ………………………………………………………………..

**Please enclose two (2) recent Testimonials: One (1) from District Pastor and one (1) from your Local Church Elder, a copy of your ID Card and Two (2) Passport size pictures.**

**Date: ……………………………………………………… Signed: ……………………………………………………………………**

 **(Signature of Applicant)**

**FOR OFFICIAL USE ONLY**

Interviewed By: ………………………………………………………………………………….

Position Recommended: …………………………………………………………………

Date: ………………………………………………………………………………………………

Signature of Director: …………………………………………………………………….