

## **Summer Missionary Application**

I. Personal Information
Name
Street Address
City, State, Zip
Phone Numbers (H)(W)(C)
Email Address
*Must fill out and pass background check.
II. Employment Objective
Why are you applying for this position? What do you hope to learn from this experience?
What do you consider to be the strengths that you would bring to the ministries of MVBC? What are some areas of weakness that you will hope to improve upon?
List any special skills, training or knowledge you have for this position and any other achievements you would like considered.
Elst dry special states, durantege you have for the position and dry outer domestiments you would like sometime.
List an example of how God has worked in your life and how it helped you grow spiritually.

## **III. Educational Background** 1. High School, grade completed \_\_\_\_\_\_ Dates attended \_\_\_\_\_ City & State\_ Diploma ☐ Yes ☐ No 2. Undergraduate college/university attended \_\_\_\_\_ City & State\_ Years attended \_\_\_\_\_\_ Degree \_\_\_\_\_ 3. Graduate college/university\_\_\_ City & State \_\_\_\_\_ Years attended \_\_\_\_\_\_ Degree\_\_\_\_\_ 4. Doctoral Studies college/university \_\_\_\_\_ City & State\_ Years attended \_\_\_\_\_\_ Degree \_\_\_\_ **IV. References** Phone Number \_\_\_\_ - \_\_\_ Years known \_\_\_ Street Address \_\_\_ City, State, Zip \_\_\_ Email Address How do you know this person? \_\_\_\_\_ Phone Number \_\_\_\_-\_\_Years known \_\_\_ Street Address \_\_\_ City, State, Zip Email Address \_\_\_ How do you know this person? \_\_\_\_\_ Phone Number \_\_\_\_\_- Years known \_\_\_ Street Address \_\_\_\_ City, State, Zip \_\_\_\_

Email Address \_\_

How do you know this person? \_\_\_\_\_

## **V. Employment History**

Please complet	te the following about your empl	oyment history even if you think the q	estion does not relate to the position	on you seek.	
Current or Last	Employer				
Company Name	e				
Street Address					
City, State, Zip					
Phone Number		May we contact this employer? $\Box$	es 🗖 No		
Dates of employment Position/Title					
Name/Title of S	Supervisor				
Your Salary	Starting	Ending			
Describe duties, responsibilities and important accomplishments					
Next Previous E	mployer				
Company Name					
City, State, Zip					
Phone Number		May we contact this employer? $\Box$ Y	es 🗖 No		
Dates of emplo	yment		Position/Title		
Name/Title of S	Supervisor				
Your Salary	Starting	Ending			
Describe duties, responsibilities and important accomplishments					
Next Previous E	mployer				
Company Name	e				
Street Address					
City, State, Zip					
Phone Number		May we contact this employer? $\Box$	es 🗖 No		
Dates of emplo	yment		Position/Title		
Name/Title of S	Supervisor				
Your Salary	Starting	Ending			
Describe duties, responsibilities and important accomplishments					
I verify that to the best of my knowledge all information included in this form is accurate and true.					
Signature				Date	