**APPLICATION FORM PMTI**

**Please review the instructions before completing your PMTI application to ensure your application is complete.**

**BACKGROUND INFORMATION**

1. Family (Surname) Name: \_\_\_

2. First Given Name: \_\_\_\_ 3. Other Names: \_\_\_

**(All names should be entered as they appear on your OFFICIAL DOCUMENTS)**

4. Gender: \_\_ 5. Date of Birth (Day/Month/Year): /\_\_/\_\_\_

6. Country of Origin: \_\_\_

7. Present Nationality: \_\_\_

8. Degrees earned:

Secondary school

High school

Bachelor degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MSc

PhD

Other

**CONTACT INFORMATION**

**9. Primary physical address for Package Delivery:**

Physical Street Address \_\_

Address Line 2 \_\_

City \_\_\_

State      Zip (USA)

Country \_\_\_

Province/Region \_\_\_ Postal Code (Canada)

Phone 1       Phone 2

Mobile/Cellular \_\_ Fax

Primary Email \_\_

Alt. Email \_\_

2nd Alt Email

**PROFESSIONAL BACKGROUND**

**10. Experience with:**

Christian organizations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(start Date       End Date       )

NGOs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(start Date       End Date       )

Other Professional Organizations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Start Date       End Date       )

NGO \_

Previous work with RTS (If more than 3 teams, list most recent 3)

1st Term       or Month/Year

2nd Term       or Month/Year

3rd Term       or Month/Year

**11. WORK HISTORY**

**Current Employer**:

Position/ Title:

Company Name

**Date Started**

**Date Ended**

Address

City/State/Country

Telephone 1

Telephone 2

Cell

**Specific duties, accomplishments and related skills you performed in this position:**

**Previous Employer**:

Position/ Title:

Company Name

**Date Started**

**Date Ended**

Address

City/State/Country

Telephone 1

Telephone 2

Cell

**Specific duties, accomplishments and related skills you performed in this position**

**DATE OF TODAY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**