**PERFECTION MINISTRY TRAINING INSTITUTE OF DISCIPLESHIP**

**JOB APPLICATION FORM FOR SUPERVISORS AND LECTURERS**

**Please review the instructions before completing your PMTI application and CV to ensure your application is complete. Incomplete or incorrect applications will not be considered. Pastors are highly recommended to apply in this program.**

**BACKGROUND INFORMATION**

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

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

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

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

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

7. Present Nationality: \_\_\_

8. Degrees earned: [ ]  PhD

 [ ]  MBA

[ ]  MSc / [ ]  MSN

 [ ]  Bachelor degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PMTI Fellowships:**

 Fellowship Start Date (Month/Year):      /      End Date:       /

**11. WORK HISTORY**

**Current Employer**:

 Position/ Title:

 Company Name

**Date Started**

**Date Ended**

 Address

 City/State/Country

 Telephone 1

 Telephone 2

 Cell

 **Supervisor’s name**: Last       First

 Middle/Other

 **Supervisor contact**: Telephone 1       Telephone 2

 Mobile/Cellular

 Email 1       Email 2

**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

 **Supervisor’s name**: Last       First

 Middle/Other

 **Supervisor contact**: Telephone 1       Telephone 2

 Mobile/Cellular

 Email 1       Email 2

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

**12. Previous international work experience (list countries)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Country** | **Assignment start/end dates**  | **Reason/Purpose of work** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**13. Languages**

Please list below the languages you speak fluently. For the purposes of this program, fluency indicates the ability to speak the language exclusively in a professional setting, to include technical meetings and presentations.

**14. Why are you interested in being a PMTI volunteer/affiliate/staff?**

**RELEVANT WORK EXPERIENCE**

**– Complete this section**

\* Text Fields have unlimited lengths

**FIELD - 1**. Mark the box that best indicates your level of experience in field work including evangelical work (e.g. working in a team to cover Christian social work and other related activity):

[ ]  I do not have experience in this area

[ ]  Less than 1 year

[ ]  1 to 3 years

[ ]  3 to 5 years

[ ]  More than 5 years

Please describe your experience:

ribe your fie experience:

**FIELD - 2**. Mark the box that best indicates your level of experience MENTORING, TRAINING AND TEACHING:

[ ]  I do not have experience in this area

[ ]  Less than 1 year

[ ]  1 to 3 years

[ ]  3 to 5 years

[ ]  More than 5 years

Please describe your experience:

**FIELD - 3**. Mark the box that best indicates your level of experience in online related studies:

[ ]  I do not have experience in this area

[ ]  Less than 1 year

[ ]  1 to 3 years

[ ]  3 to 5 years

[ ]  More than 5 years

Please pay special attention to challenges encountered and how you were able to solve them and expand your network.

**FIELD - 4**. Mark the box that best indicates your level of experience with planning, supervising, monitoring and/or evaluating activities):

[ ]  I do not have experience in this area

[ ]  Less than 1 year

[ ]  1 to 3 years

[ ]  3 to 5 years

[ ]  More than 5 years

Please describe your experience working in church teams to improve their PERFORMANCE (Hint: Choose always to maintain a spiritual criteria for success).

***Go to the Reference section (and complete)***

**REFERENCES (to be completed for all positions**

**List 5 people not related to you who are familiar with your character and qualifications, at least two of them should be current or previous work supervisors.**

\* Text Fields have unlimited lengths

**1**. Last Name       First       Middle/Other Names

 Telephone number - 1:       Telephone number - 2:

 Mobile phone:       Email address - 1:

 Email address - 2:

 Organization:       Title:

 Your professional relationship to this person:

**2**. Last Name       First       Middle/Other Names

 Telephone number - 1:       Telephone number - 2:

 Mobile phone:       Email address - 1:

 Email address - 2:

 Organization:       Title:

 Your professional relationship to this person:

**3**. Last Name       First       Middle/Other Names

 Telephone number - 1:       Telephone number - 2:

 Mobile phone:       Email address - 1:

 Email address - 2:

 Organization:       Title:

 Your professional relationship to this person:

4. Last Name       First       Middle/Other Names

 Telephone number - 1:       Telephone number - 2:

 Mobile phone:       Email address - 1:

 Email address - 2:

 Organization:       Title:

 Your professional relationship to this person:

**5.** Last Name       First       Middle/Other Names

 Telephone number - 1:       Telephone number - 2:

 Mobile phone:       Email address - 1:

 Email address - 2:

 Organization:       Title:

 Your professional relationship to this person: