## **AIM RIGHT MINISTRIES**

1013 N 13th Street Phoenix, AZ 85006

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E-MAIL: info@aimright.org WEB SITE: http://www.aimright.org

## **APPLICATION & PERSONNEL INFORMATION FORM**

(Submitting this form places you or us under no obligation. The information you give here will help us become better acquainted with you and to work with you toward a possible workers assignment.)

Person	al Data								
Name	Mr. Mrs. Ms.	( ) ( ) ( )	First		Middle	Last			2. Date
Address									
	Street / R	.F.D.			City	Prov	ince / State		Postal / Zip Code
Telephone	e No.	( ) Area C	ode			E-ma	ail		
Birthdate	Month	Day	Year		Age	Bir	thplace		
Marital Sta	atus:	Single		Engaged	N	larried	Widow		Widower
Your pare	nts: If you	have ster	o-parent	s or guardia	ns, give this i	nformation o	n the below:		
			Father			Mother		(	Other
Name									
Occupatio									
Member o	of which Ch	urch							
Parents' A	ddress								
. a.o.no	.uu. 000	Street /	R.F.D.		City	Prov	ince / State	F	Postal / Zip Code
	, do you ha heir names			☐ Yes	□ No	Tele	phone No. <u>(</u> Are	) ea Code	
		Name				Age	G	ender	
	Spouse:	1				1.95		/I / F	
	Children:						N	// F	
	Children:						N	/I / F	
	Children:						N	Л / F	
Names, a	ddresses a	nd phone	nos. of	persons to r	notify in case	of emergenc	y. Include one	person o	other than parents.
Name / Re	elation			Address	3		Tel	lephone	No.
Name / Re	elation			Address	3		( Tol	) lephone	No.
	0.40011			,	•		10	-Spironic	

## Church and Christian Life

Name of home church / Denomination / C	Conference								
Name, address and phone no. of pastor				( )					
	Name					Tel	. No.		
Street / R.F.D.	City	Provi	nce / Sta	ate		Pos	stal / Zip Code		
How long have you been a church memb	er?	How long at the above cl			ne abo	ve church	church?		
Briefly describe your spiritual pilgrimage	on reverse side.								
Write a paragraph about your present pe	rsonal devotional & pra	yer life	(what it	consis	sts of a	& time allo	tted), on back page.		
State your reason for desiring to enter the	e Lord's work with us.								
What experience or responsibilities have community organizations?	you had in the church,	Sunda	y schoo	l, youtl	n grou	p, a missio	on program or		
How do you feel about the program, lead	ership, and discipline o	f your	church?	(Use t	he ba	ck of this s	heet.)		
Health									
Do you have any physical weakness, alle physical activities?	ergy, disability or recurri	ing me	dical pro	blems	? If so	, explain. <i>i</i>	And do they limit		
Name, address and phone no. of your far	mily physician								
reame, address and phone no. or your rai	Tilly priyoloidir.	Name							
Street / R.F.D. City	Province / State	Posta	al / Zip C	ode		f so, explain. And do they limit  ( ) Tel. No.			
Education and Training									
Circle the highest educational level comp	eleted: 8 9	10	11	12	13	Grad.	Post Grad.		
Name the colleges or Bible schools you h	nave attended?								
Degree completed? ☐ Yes ☐	No ☐ Certificate	<b>:</b>	Major	/ Mino	r				
If no, explain?	Credit hrs completed?								
Other training or certificates.									
Experience and Skills									
Present Occupation									

Starting with your present employer, complete the following:

Dates	Employer and Address				Duties and Skills						
From											
То											
From											
To From	<del> </del>										
To											
May we contact your p	oresent employer a	as a referen	ce now?		Yes [	□ No					
Interest and Abilities:	Mark: I E T		interest experienc formal tra		(Mark where	appropriate)					
				3	,						
Teacher			_ Carpenta	ary			Music				
Administra			_Cooking	•			Photograp				
Bible Instru			Counsel Crafts	ing			_Recreation				
Book-keep Cabinet W	•		_ Craits Mechani	ce		-	_Sunday So Other	chool Teacher			
Odbillet W	OIK		_ Wicchain	03		_	_ 011101				
Additional comments	about your training	or experier	ice.								
	, c	•									
What are other recrea	tional activities or	hobbies you	enjoy?								
Who do you feel you r	elate best to:	Children		Teens	Ad	ults	-				
Have you had any cross cultural experiences? (ie. working with minority groups in the USA or visiting another country)  ☐ Yes ☐ No If yes, explain.											
-											
Sarvica											
<u>Service</u>											
When would you poss	sibly be available fo	or service?				And for	how long?				
Timon modia you pood	isly so available is		Month	Day	Year		now long.				
Are your parents and	spouse (if married)	) in harmony	/ with your	desire a	and plans?						
Personal Refere	<u>ences</u>										
Your pastor and emplo											
			•	_							
Name / Relation	Street / R.F.D.		<u>City</u>	Prov	. / State	Postal / Z	ıp Code	Occupation			