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Washington, IN 47501
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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 works assignment.

Personal Data

1. Name Mr. Miss Mrs. First _____ Middle _____ Last _____ 2. Date _____

3. Address _____
Street _____ City _____ Province / State _____

4. Telephone No. _____
Postal / Zip code _____

5. Birthdate _____ 6. Age _____ 7. Birthplace _____

8. Marital Status: Single _____ Engaged _____ Married _____ Widow _____ Widower _____

9. Your parents: If you have step-parents or guardians, give this information on the right.

| | Father | Mother | Other |
|-----------------------|--------|--------|-------|
| Name | _____ | _____ | _____ |
| Occupation | _____ | _____ | _____ |
| Date of Birth | _____ | _____ | _____ |
| Member of What Church | _____ | _____ | _____ |

10. Parents' Address _____
Street _____ City _____ Province / State _____

11. Telephone No. _____
Postal / Zip Code _____ Area Code _____

12. If married, do you have children? If so, list their names and ages. _____

13. Names, addresses and phone numbers of persons to notify in case of emergency. This can be parents but should include at least one other person.

a) _____
Name _____ Address _____ Telephone No. _____

b) _____
Name _____ Address _____ Telephone No. _____

Church and Christian Life

- 1. Denomination _____
- 2. Conference _____
- 3. Name of home congregation _____
- 4. Name, address and phone no. of pastor: _____
Name Street
- _____
- City Province / State Postal / Zip Code Tel. No.

- 5. How long have you been a church member? _____
- 6. How long at the above church? _____
- 7. State your reasons for desiring to enter the Lord's work with us. _____

- 8. What experience or responsibilities have your had in the church, Sunday School, youth group, a mission program or community organizations?

Health

- 1. Present health: Fair _____ Good _____ Excellent _____
- 2. Do you have any physical weakness, allergy, disability or recurring medical problems? If so, explain.

- 3. Name, address and phone no. of your family physician. _____
Name
- _____
- Street City Province/ State Postal / Zip code Tel. No.

Education and Training

1. Circle the highest grade completed: 8 9 10 11 12 13

2. Other Training:

Name the college or Bible School you have attended.

3. Note any particular area of study.

4. Other training or certificates.

Experience and Skills

1. Present Occupation

2. Starting with your present employer, complete the following:

| <u>Dates</u> | <u>Employer and Address</u> | <u>Duties and Skills</u> |
|--------------|-----------------------------|--------------------------|
| From | | |
| <u>To</u> | | |
| From | | |
| <u>To</u> | | |

3. May we contact your present employer as a reference now? -----

4. Interest and Abilities: Mark: I = area of interest

E = areas of experience

(Mark three if appropriate)

T = areas of formal training

- | | | |
|---------------------------|------------------|-----------------------------|
| _____ Teacher | _____ Carpenter | _____ Music |
| _____ Administrative Work | _____ Cooking | _____ Photography |
| _____ Bible Instruction | _____ Counseling | _____ Recreation Leader |
| _____ Bookkeeping | _____ Crafts | _____ Sunday School Teacher |
| _____ Cabinet Work | _____ Mechanics | _____ Other ----- |

5. Additional comments about your training or experience. -----

6. Who do you feel you relate best to? Children _____ Teens _____ Adults _____

7. What do you do for recreation, and what are your hobbies? -----

Service

1. When would you possibly be available for service? _____
Month Day Year

2. How long could you serve? _____

3. Are your parents and spouse (if married) in harmony with your desire and plans?

Personal References

1. Your parents, pastor and employer will be contacted. Please list three additional references. These should be people who know you well from the stand point of character, motivation and general qualifications. Please do not include relatives.

Name Street City Province/State Postal/Zip code Occupation

1 _____

2 _____

3 _____

Questions for Evaluation

Complete this form as well as possible. If married have spouse also complete this form. Use back side as needed.

Physical

What is involved in the work you do?

If you could change three things about your work, what would you change?

- 1.
- 2.
- 3.

Give me a description of what you do in a typical day in your life. (from rising time till bedtime)

Emotions

What are some emotions that you frequently experience?

How do others see you emotionally?

If you were able to change anything about yourself emotionally, what would you want to change?

Give me a few examples of times when you were extremely... (angry, happy, sad).

Relationships

Tell me about your relationship with God: how it began, how it has developed, how important it is, where God fits into the total picture of your life or the picture of what is happening to you now, what you are doing to strengthen your relationship with God.

Describe what your church means to you. How do you feel about the program, leadership, and discipline of your church?

In marriage what is your tendency in resolving conflict?

Tell me about the most important persons in your life, and why they are so important to you.

When you have had problems in the past, what has helped you the most in resolving them?

Write a paragraph about your present personal devotional and prayer life.
(what it consists of and time allotted for).

Concepts

What do you see as your most pressing problem?

Do you struggle having criticism shared with you and what is your response?

What are some life goals and dreams you have?

Where do you look for security, meaning, happiness, fulfillment, joy, or comfort?

What do you fear the most?

What would make you happy?

What brings out the worst in you?

What brings out the best in you?

When you are pressured or tense, where do you turn? Where do you find relief? How do you escape?

What are some of your greatest strengths?

What are some of your greatest deficiencies/weaknesses?

Actions

As you look back over your life, what are some of the things you have done that were worthwhile?

Tell me some of the ways you could improve as a Christian; in your relationship with Christ; as a testimony for Christ.

Historical

Tell me about your relationship with the Lord over the years: the high points and low points.

As you look back over your life, what are the happiest and saddest experiences you have ever had?

Tell me about some of the most positive influences in your life; the most negative influences in your life.

If you could change anything about circumstances in your life, what would you change?

What is going on in your life that brings you the most pleasure?

What is going on in your life that brings you the most pain or distress?

What external pressures are you presently experiencing?