

Staff Application Form

Please attach a recent photograph and return Completed form to the post box
Address shown below Together with a letter of recommendation from your Pastor



SECTION 1 (PLEASE PRINT)

Name: _____

Email Address: _____ Telephone: _____

Home Address: (Number and street) _____

(Town / city zip code) _____

(Country) _____

Address in Israel: (number and street) _____

(Town/city, zip code) _____

Date of birth: _____ Nationality: _____ Passport No. _____

How did you become aware of the I.C.E.J. and its work? _____

What position are you applying for? _____

Have you applied for a position previously? Yes No. If yes, please give date. _____

Have you previously served the I.C.E.J. in any capacity? Yes No If so, please give details. _____

Are you currently employed? Yes No

May we contact your employer? Yes No

If selected, when would you be available? _____

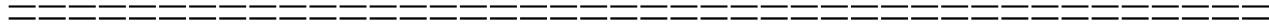
For how long would you be available? 6 months 1 year 2 years more than 2 years.

The state of Israel only allows volunteers to serve for a maximum of 5 years.

Would you be available as: a part-time volunteer or full-time volunteer

If required to travel would you be prepared to do so? Yes No

Do you possess a valid driving license? Yes No.



Marital Status: Married Single Separated Divorced

If married, do you have children? Yes No

If yes, what are their names and ages? _____



SECTION 2

Have you lived or worked in Israel before? Yes No

If yes, please give details: _____



What is your motivation for wishing to serve in Israel? _____



To what specific area of service do you feel called? _____



SECTION 3

Are you a born-again Christian, in accordance with Romans 10:9-10? Yes No

Do you have links with a church fellowship in Israel? Yes No

If yes, please give details: _____



Does your desire to serve in Israel meet with the approval of your:

Pastor/church elders Yes No

Parents Yes No

Spouse Yes No

If the answer is no to any of the above, please give details: _____



Will you receive financial support from anyone? Yes No

If yes, please give details: _____



SECTION 4

Have you lead worship in your church? Yes No

Do you play any musical instruments? Yes No

If yes, please give details: _____

What languages do you speak?

a) Fluently: _____

b) Reasonably well: _____

Have you done translation work of any kind, either written or verbal? yes No

If yes, please give details: _____

EDUCATION

	No of Years Completed	Where	Specialist Subjects	Grades/Degrees
High Grammar Secondary				
College University				
Post Graduate Studies				

Honours Received: State any additional information you feel may be helpful to us in considering your application

Employment Experience

Start with your present or last job. Include military service and volunteer activities. You may exclude organization

Employer Telephone No.	Dates Employed From: To;	Work/function performed.
Address:		
Job Title:		
Supervisor:		
Reason for Leaving:		
Employer Telephone No.		
Address:		
Job Title:		
Supervisor:		
Reason for Leaving:		

Special Skills and Qualifications

Summarize special skills and qualifications: _____

Section 5

Medical Matters.

1. Have you undergone any major medical treatment or surgery within the last 3 years? Yes No

If yes, please give details: _____

2. Have you undergone a physical check-up within the last twelve months? Yes No

If yes, what was the result? _____

3. Have you ever undergone therapy or spiritual counselling for emotional stress of illness? Yes No

If yes, please give details. _____

4. Would your medical insurance policy cover you for service in Israel? Yes No

If yes, please enclose a photo copy of the policy.

5. Please state the name and address of your doctor.

Name: _____

Address: _____

Fax No.: _____

Prospective volunteers are advised that they require a certificate attesting to their health from both their doctor and dentist. The ICEJ's medical insurance policy is limited and does not cover all aspects of medical care or any dentistry. Restrictive clauses are in place and you therefore need to satisfy us of your full health. Should you have a medical pre-condition which does not preclude you from taking up a position at the ICEJ, such pre-condition will not be covered by the existing ICEJ medical insurance policy, but will be for your own account, during your time at the Embassy.

Section 6

Future Plans

1. Briefly outline any future plans you have which might have an impact on your service at the I.C.E.J., should you be appointed _____ -

2. If you are within 2 years of normal retirement age, please outline your planned course of action following retirement: _____

2. Please state below the names and contact numbers of any person(s) or organization(s) who will take responsibility for the payment of any expenses should you become chronically ill or die whilst serving in Israel.

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____
_____	_____
Telephone: _____	Telephone: _____
Fax No. _____	Fax No: _____

Section 7

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorise investigation of all statements contained in this application as may be necessary in arriving at a decision. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at the time. The applicant understands that neither this document nor any offer from the ICEJ constitute an employment contract unless a specific document to that effect is executed by the ICEJ in writing. In the event of acceptance, I understand that any false or misleading information given I my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the ICEJ.

Signature of Applicant.

Date.

Give name, address and telephone number of three referees who are not related to you and are not previous employers.