

candidate application form

A. PERSONAL INFORMATION

Full Name: _____

Address: _____
(APARTMENT NUMBER - STREET NUMBER AND NAME)

(CITY) (PROVINCE) (POSTAL CODE)

Telephone: _____ or _____
(PRIMARY NUMBER) (SECONDARY NUMBER)

Email: _____

Date of Birth: _____ Place of Birth: _____
DD/MM/YY

Are you a Canadian citizen? *(please circle)* Yes No

Marital Status: _____

If married, please provide the name of your spouse and any children who are still dependent on you.

Spouse: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Emergency Contact: _____ Relationship: _____

Address: _____
(APARTMENT NUMBER - STREET NUMBER AND NAME)

(CITY) (PROVINCE) (POSTAL CODE)

Telephone: _____ or _____
(PRIMARY NUMBER) (SECONDARY NUMBER)

B. EDUCATION

DATES	NAME OF SCHOOL, COLLEGE, ETC	HIGHEST LEVEL ACHIEVED

OFFICE USE ONLY:

Date Received: _____

Transcripts: _____ Criminal Record: _____ References: 1 2 3

Selection Committee: _____ Candidate Meeting: _____ Notification: _____ Response: _____

C. EMPLOYMENT RECORD

List previous employment, beginning with your current or most recent job.

NAME OF COMPANY	START DATE	END DATE	JOB TITLE	REASON FOR LEAVING

D. CHURCH & CURRENT MINISTRY

Name of your Parish/Church/Christian Community: _____

Name of Priest/Pastor/Leader: _____

What are the roles and/or responsibilities that you have undertaken within a church context?

Name any Threshold Ministries Evangelist(s) known to you and any aspects of Threshold Ministries' work which you have experienced.

Do you have a living relationship with Christ? (please circle) Yes No

What do you understand the work/ministry of an Evangelist to be?

Do you have any physical, emotional or mental difficulties that might affect your training or ministry?
(please circle) Yes No

If yes, please explain:

If so, what adjustments would you like to see in place to ensure that you are not disadvantaged during the selection process and training to allow you to carry out any future ministry to your full potential?

What are your leisure interests and what attracts you to them? *Please include membership of any clubs, societies etc,*

H. CALLING

Have you applied to Threshold Ministries before? (please circle) Yes No

If yes, please give date(s) of application and result(s).

How did you learn about Threshold Ministries?

When and how did you perceive your call to Christian service?

Why have you applied to Threshold Ministries?

J. REFERENCES

Please give the name and address of 3 referees. One must be your parish priest/ minister; one from a person who had benefited from your involvement with evangelism and another from a responsible Christian person. They must be able to supply a reference in support of your application. A reference from your employer may be required but the Society undertakes not to contact your employer without your prior warning and consent. Do not send letters from referees.

Reference 1: *Your Parish Priest/Minister*

Full Name: _____

Address: _____
(APARTMENT NUMBER - STREET NUMBER AND NAME)

(CITY) (PROVINCE) (POSTAL CODE)

Telephone: _____ OR _____
(PRIMARY NUMBER) (SECONDARY NUMBER)

Email: _____

Reference 2: *Person who has benefitted from your evangelism*

Full Name: _____

Address: _____
(APARTMENT NUMBER - STREET NUMBER AND NAME)

(CITY) (PROVINCE) (POSTAL CODE)

Telephone: _____ OR _____
(PRIMARY NUMBER) (SECONDARY NUMBER)

Email: _____

Reference 3: *Mature Christian*

Full Name: _____

Address: _____
(APARTMENT NUMBER - STREET NUMBER AND NAME)

(CITY) (PROVINCE) (POSTAL CODE)

Telephone: _____ OR _____
(PRIMARY NUMBER) (SECONDARY NUMBER)

Email: _____

Reference 4: *Current Employer*

Name of Company: _____

Name of Manager/Supervisor: _____

Address: _____
(APARTMENT NUMBER - STREET NUMBER AND NAME)

(CITY) (PROVINCE) (POSTAL CODE)

Telephone: _____ OR _____
(PRIMARY NUMBER) (SECONDARY NUMBER)

Email: _____

K. DECLARATIONS

Medical Declaration:

“To my knowledge, I have no condition, either physical or psychological, which would prevent me from being a candidate with Threshold Ministries”.

Financial Declaration:

“I understand that I have an obligation to pay the required fees. I am willing and able to do this. I understand that failure to do so could mean being withheld from licensing”.

I hereby declare that I have accurately and honestly disclosed all relevant information concerning my suitability for selection, training and ministry with Threshold Ministries.

Signed: _____

Date: _____

Upon completion of this form, please return it to:

THRESHOLD MINISTRIES

Candidates Department
105 Mountain View Drive
Saint John, NB E2J 5B5

Email: hello@thresholdministries.ca

T: 1-888-316-8169

F: (506) 657-8217

W: www.thresholdministries.ca