

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 any connections 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 you have answered "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

LANGUAGE

What languages do you speak?

Fluently: _____

Reasonably well: _____

Have you done translation work of any kind, either written or verbal?

Yes No

If yes, please give details: _____

EDUCATION

	Number of Years Completed	Where	Specialised Subjects	Grades/Degrees
High School				
College/University				
Post Graduate Studies				

Honours received: State any additional information that 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 the organization).

Employer's telephone number: () Supervisor: _____

Employer's address: _____

Dates employed: From: _____ To: _____

Job title: _____

Work/functions performed: _____

Reason for leaving: _____

Employer's telephone number: () Supervisor: _____

Employer's address: _____

Dates employed: From: _____ To: _____

Job title: _____

Work/functions performed: _____

Reason for leaving: _____

EXTRA CURRICULAR ACTIVIES

Have you done any volunteer work, or not for profit work? _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications: _____

MUSIC ABILITIES

Have you lead worship in your church? Yes No

Do you play any musical instruments? Yes No

If yes, please give details: _____

SECTION 5

MEDICAL MATTERS

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

If yes, please give details: _____

Have you undergone a physical check-up within the last 12 months? Yes No

If yes, what was the result? _____

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

If yes, please give details: _____

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

If yes, please enclose a photocopy of the policy.

Please provide the name and contact information of your doctor:

Name: _____

Address: _____

Telephone number: () _____ Fax number: () _____

Prospective volunteers are advised that they require a certificate attesting to their health from their doctor. The I.C.E.J'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 I.C.E.J, such a pre-condition will not be covered by the existing I.C.E.J medical insurance policy, but will be for your own account during your time at the Embassy.

SECTION 6

FUTURE PLANS

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

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

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 number: () _____ Telephone number: () _____

Fax number: () _____ Fax number: () _____

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 I.C.E.J constitute an employment contract unless a specific document to that effect is executed by the I.C.E.J in writing. In the event of acceptance, I understand that any false or misleading information given in 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 I.C.E.J.

Signature of Applicant: _____ Date: _____

REFEREES

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

Referee 1

Name: _____

Address: _____

Telephone number: () _____

Referee 2

Name: _____

Address: _____

Telephone number: () _____

Referee 3

Name: _____

Address: _____

Telephone number: () _____

To re-cap what the ICEJ is looking for, the following should be included with your application package:

1. Completed application with recent passport size colour photograph.
2. A one page maximum letter why you are applying for a position with the ICEJ.
3. Two page maximum CV in chronological order (without gaps) from oldest to most recent.
4. Letter of recommendation from your Pastor.
5. Letter of recommendation from your employer of your last two positions.