

**CEC CANADA FOUNDATION ASSOCIATION  
APPLICATION FOR EMPLOYMENT**

For down loading, mailing and or Faxing see [bottom of page](#).

**Place and work and position you are applying for:**

Please confirm the following: Province \_\_\_\_\_  
City \_\_\_\_\_ or Place \_\_\_\_\_  
Head Office \_\_\_\_\_ School \_\_\_\_\_  
Church \_\_\_\_\_ Position \_\_\_\_\_  
Date of application: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time of day \_\_\_\_\_  
Job options are available, do you have a second choice? \_\_\_\_\_  
\_\_\_\_\_

Please confirm the following: \_

Last Name \_\_\_\_\_ Middle \_\_\_\_\_ First \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Martial status \_\_\_\_\_  
E mail address \_\_\_\_\_ Fax No. \_\_\_\_\_  
Full mailing address \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_

Phone No. Home \_\_\_\_\_ Work \_\_\_\_\_

Spouse's full name and age \_\_\_\_\_

Children - names and ages \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home - own \_\_\_\_\_ rent \_\_\_\_\_ Transportation \_\_\_\_\_

How soon would you be available for orientation, if it is longer than 6 months please explain, your time period should include settling down in a new location should it be necessary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spiritual input from your childhood to this day \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Your education from kindergarten to the present, \_\_\_\_\_

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Your work experience beginning from the day you started working to the present, do not include part or short time work. Please give full details, with as few words as possible.

Name of Organization \_\_\_\_\_ Nearest  
person having authority over you: Name \_\_\_\_\_  
Contact numbers \_\_\_\_\_  
Date started \_\_\_\_\_ Starting position \_\_\_\_\_  
Ending date \_\_\_\_\_ Ending position \_\_\_\_\_  
Reason for leaving, please give details \_\_\_\_\_

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Name of Organization \_\_\_\_\_ Nearest  
person having authority over you: Name \_\_\_\_\_  
Contact numbers \_\_\_\_\_  
Date started \_\_\_\_\_ Starting position \_\_\_\_\_  
Ending date \_\_\_\_\_ Ending position \_\_\_\_\_  
Reason for leaving, please give details \_\_\_\_\_

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Contact numbers \_\_\_\_\_  
Date started \_\_\_\_\_ Starting position \_\_\_\_\_  
Ending date \_\_\_\_\_ Ending position \_\_\_\_\_  
Reason for leaving, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Organization \_\_\_\_\_ Nearest  
person having authority over you: Name \_\_\_\_\_  
Contact numbers \_\_\_\_\_  
Date started \_\_\_\_\_ Starting position \_\_\_\_\_  
Ending date \_\_\_\_\_ Ending position \_\_\_\_\_  
Reason for leaving, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please enter here the after tax income you must have so to be free to serve in  
an environment of contentment. Food \_\_\_\_\_ Clothing \_\_\_\_\_  
Shelter \_\_\_\_\_ Education \_\_\_\_\_ Transportation \_\_\_\_\_  
\_\_\_\_\_ Health \_\_\_\_\_ Protection \_\_\_\_\_ Security \_\_\_\_\_ Total  
take home pay \$ \_\_\_\_\_ Note: Entertainment, travel, and other  
unforeseen expenses are not to be included in these figures.

Your personal references, their names and contact numbers:

Teachers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spiritual leaders \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Members of the Body of Christ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next of Kin - family contact member \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A special note to the physically impaired,** do not let your impairment stop you from applying. We do however, need to know what it is, therefore the following question: Are you physically impaired? If yes, please explain how if at all you must be facilitated so that you can function in the position you are applying for. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A covenant statement:** I \_\_\_\_\_ have studied the website and the things that it points to, I am in agreement with it and so apply for the position in question.

Signed \_\_\_\_\_ Date of Signature \_\_\_\_\_

Please print your full name here \_\_\_\_\_

Note: Do you have any questions that you feel need to be answered before you proceed with this application? If yes, please send them to us so we can deal with them. Please send them to the address given at the bottom of this document.

We welcome your application, May the God of all grace lead you in this exercise.

Complete, and together with your personal resume Mail or Fax to  
CEC Canada Foundation Association,  
Department of Human Resources, Attn: Employment Division,  
PO. Box 78054, RPO, Grandview, Vancouver,  
British Columbia, Canada, V5N 5L9.  
Fax numbers local 604 253 7500, long distance 1 604 253 7500.