

# PERSONNEL RECORD FORM

## Virginia Mennonite Missions

an agency of the Virginia Mennonite Conference



901 Parkwood Drive  
Harrisonburg, VA 22802  
Tel: (540) 434-9727 Fax: (540) 434-7627  
web: www.vmmissions.org

Submitting this form puts you under no obligation. The information you give will help us to become better acquainted with you and to work with you for a possible assignment. Please make this as complete and accurate a record as possible. Please type or print with **black ink**.

### PERSONAL DATA

---

1. Name \_\_\_\_\_ Home phone \_\_\_\_\_
2. Present Address \_\_\_\_\_ Work phone \_\_\_\_\_  
\_\_\_\_\_ Address effective until \_\_\_\_\_
3. Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ E-mail address \_\_\_\_\_
4. Present occupation \_\_\_\_\_
5. Social Security # \_\_\_\_\_ Citizenship \_\_\_\_\_
6. Passport information (if available): Number \_\_\_\_\_  
Issue date \_\_\_\_\_ Place of issue \_\_\_\_\_ Expiration date \_\_\_\_\_
7. Person to notify in case of emergency \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

### FAMILY DATA

---

*(Questions 7 – 14 will be required prior to assignment. If you wish, you may voluntarily provide the information now)*

8. Birth date \_\_\_\_\_
9. Gender: M F
10. Marital Status: \_\_\_\_\_ Single  
\_\_\_\_\_ Engaged: Date of wedding \_\_\_\_\_ Name of fiancé(e) \_\_\_\_\_  
\_\_\_\_\_ Married: Date of marriage \_\_\_\_\_ Name of spouse \_\_\_\_\_  
\_\_\_\_\_ Widowed: Date \_\_\_\_\_  
\_\_\_\_\_ Separated: Date \_\_\_\_\_  
\_\_\_\_\_ Divorced: Date finalized \_\_\_\_\_

11. List names, birth dates and social security numbers of dependent children or other dependents  
\_\_\_\_\_  
\_\_\_\_\_



## HEALTH INFORMATION

---

17. General Health:                      Excellent                      Good                      Fair                      Poor

18. If you have any physical weakness or disabilities to be considered in an assignment, please explain \_\_\_\_\_

\_\_\_\_\_

19. If you have been under a physician's care or received specialized treatment (surgery, psychiatric care, physical therapy, etc) within the past five years, please explain: \_\_\_\_\_

\_\_\_\_\_

**Please note:** A *Certificate of Creditable Coverage* will be requested from your previous employer.

## CHURCH and CHRISTIAN LIFE

---

20. How long have you been a Christian? \_\_\_\_\_

21. Of what church are you a member? \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

Street

City

State

Zip

22. What church do you currently attend (if different from above)? \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

Street

City

State

Zip

23. What does Christ and the Christian faith mean to you? Please share significant factors in your development as a Christian, how you relate your faith to everyday experiences, and your call to service. (*separate sheet may be needed*)

24. What responsibilities have you had in your local congregation?

25. Evaluate your own ability to live and work harmoniously with other people, especially as part of a team.

## EDUCATION and EXPERIENCE

26. Circle highest level completed:
- |                    |                |                        |
|--------------------|----------------|------------------------|
| <i>High School</i> | <i>College</i> | <i>Graduate School</i> |
| 9 10 11 12         | 1 2 3 4        | 1 2 3 4                |

27. Attach resumé **or** list schools attended (in chronological order)

Name of high school, college, seminary, Bible, business, nursing school	Location City, State	Date attended From To	Degree and year received	Field of Study major minor

28. Attach resumé **or** list occupational experience (most recent first)

Dates	Employer & Complete Address	Duties and Skills
From: To:		
From: To:		
From: To:		

29. Check (✓) the following items in which you have had actual experience or training. Double check (✓✓) those in which you have had sufficient training or experience to enable your assuming major responsibility:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Group leadership | <input type="checkbox"/> Accounting               | <input type="checkbox"/> Agriculture         |
| <input type="checkbox"/> Administration   | <input type="checkbox"/> Money management         | <input type="checkbox"/> Construction skills |
| <input type="checkbox"/> Preaching        | <input type="checkbox"/> Computer/data processing | <input type="checkbox"/> Conflict resolution |
| <input type="checkbox"/> Teaching         | <input type="checkbox"/> Creative/news writing    | <input type="checkbox"/> Counseling          |
| <input type="checkbox"/> Evangelism       | <input type="checkbox"/> Art and layout           | <input type="checkbox"/> Medical/First Aid   |
| <input type="checkbox"/> Music/Worship    | <input type="checkbox"/> Photography              |  |

30. Additional comments about training or experience

31. What is your preferred language? \_\_\_\_\_ What language(s) do you speak, read or write, and how well? \_\_\_\_\_

32. Describe the times and places you have lived or worked with people of a culture or ethnic background different from your own.

33. What are your long-range career interests?

34. What interests do you have for personal enjoyment (e.g. hobbies, recreation, etc)?

# PERSONNEL RECORD FORM

*Supplement for Long-Term International Personnel*

## Virginia Mennonite Missions

901 Parkwood Drive  
Harrisonburg, VA 22802  
Tel: (540) 434-9727 Fax: (540) 434-7627  
web: www.vmmmissions.org

### GENERAL INFORMATION

---

35. Please list any unresolved litigation (i.e. law suits) or financial obligations (e.g. student loans) you need to resolve prior to your time of service or that may negatively impact your ministry.
36. If you are interested in applying with other Mennonite agencies, and would like us to share your file with them, please list the names of the agencies:

### ESSAY QUESTIONS

---

Answer the following questions on a separate sheet of paper. *Please type or print legibly using black ink.*

37. What is your concept for Christian witness? How do you hope to share your faith through service with VMM?
38. Please summarize your understanding of the Biblical call to nonviolence, to love others and to peacemaking, and your personal response to that call.
39. What do you feel are your strengths and weaknesses in the areas of your occupational experience? How do you envision using your knowledge, skills and experience in a VMM assignment?
40. *If married*, please comment on your marital relationship and unity regarding this assignment.  
*If single*, are you comfortable with singleness and how would it affect your assignment?

### AUTHORIZATION FOR RELEASE OF REFERENCES

---

I authorize the Virginia Mennonite Missions (VMM) to inquire about the information provided in this application, my work history and qualifications, and any other information that VMM considers relevant. This information may include, but is not limited to, my general character, Christian commitment and family relationships.

I authorize VMM to provide information that is considered relevant to persons with whom I might work in the VMM assignment. I authorize any person or entity to provide the requested information to VMM and release VMM and any person which provides information, from all liability arising from making the inquiries, providing the information, or deciding about my employment as a result of the inquiries or information.

I give permission for my references to be shared also with the agencies to which I have requested copies of this application be sent.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*