



**Mennonite  
Mission  
Network**

## **PERSONNEL INFORMATION FORM**

Mail your application to:  
Mennonite Mission Network  
**ATTN: Human Resources**  
PO Box 370  
Elkhart, IN 46515-0370  
**Toll-free: 1-866-866-2872**  
www.MennoniteMission.net

Our office locations:  
Elkhart, Indiana  
Newton, Kansas

This is a general information form for all areas of service. Please complete all items that apply to you. Submitting this form involves no obligation. The information you give will assist with placement.

**I am authorized to work in this country for any employer.**     Yes     No

### **Submitted for:**

- Office staff (location: \_\_\_\_\_ )   
  Dwell   
  International worker   
  Journey International  
 Mennonite Voluntary Service   
  Service Adventure   
  Service Adventure leader   
  Youth Venture leader

### **Personal data**

1. Name \_\_\_\_\_ Cell phone ( \_\_\_\_ ) \_\_\_\_\_  
                 Last                              First                              Middle

2. Primary e-mail \_\_\_\_\_ Alternate e-mail \_\_\_\_\_

3. Skype address \_\_\_\_\_

4. Present address \_\_\_\_\_ Effective until \_\_\_\_\_  
   Box/Street  
   City                                      State/Province                              ZIP/Postal Code

5. Permanent address \_\_\_\_\_ Primary phone ( \_\_\_\_ ) \_\_\_\_\_  
   Box/Street  
   City                                      State/Province                              ZIP/Postal Code

### **Assignment**

6. What type of work would you like to do? List in order of priority.

7. Do you have a geographical preference? Please explain.

8. When would you be available to begin? \_\_\_\_\_ 9. How long can you serve? \_\_\_\_\_  
Month/Year

10. How did you learn about the program or assignment for which you are applying?  
 Brochure       Church       Family       Friend       Pastor       Recruiter  
 School       Website       Other \_\_\_\_\_

**Education and experience** *(Please attach résumé.)*

11. List schools attended (most recent first).

Name of school	City, State	Degree	Year rec'd	Field of study

12. Additional training, scholarship honors, awards, certifications

13. Complete the following chart for all languages you know (S=speak, R=read, W=write)

Languages															
	S	R	W	S	R	W	S	R	W	S	R	W	S	R	W
Limited															
Fair															
Fluent															

14. List work and service history (most recent first). *Please attach résumé.*

Month/Year	Place of employment and address	Duties and skills
From		
To		
From		
To		
From		
To		

15. Identify experiences you have had living and working in another culture or with people of a culture or ethnic background different from your own.

16. Tell about a time when you observed or participated in efforts to work against racism, sexism, or other forms of oppression. Please elaborate.

**Church**

17. What congregation are you a member of? \_\_\_\_\_  
Name of congregation/Denomination

Church address \_\_\_\_\_  
Box/Street

\_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code

Name of pastor \_\_\_\_\_

18. What church are you attending? \_\_\_\_\_  
Name of congregation/Denomination

Church address \_\_\_\_\_  
Box/Street

\_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code

Name of pastor \_\_\_\_\_

# Our Mission

Mennonite Mission Network exists to lead, mobilize and equip the church to participate in holistic witness to Jesus Christ in a broken world.

*(Please type your responses to #19 through #21 on white 8½" x 11" paper.)*

19. According to our mission statement, Mennonite Mission Network exists "to participate in holistic witness to Jesus Christ."

- What does this statement mean to you?
- How do you see yourself fitting into this mission?
- What is your understanding of Jesus Christ?

20. Describe significant factors in your recent personal development, and how this relates to your desire to serve.

21. What is your understanding of the use of force in resolving conflicts or achieving objectives, whether personal, group or national? What is your understanding of the military and participation in war?

## Personal references

22. List the names and addresses of four people who know you well enough to judge your general character, motivation, and employment record, and who can evaluate your qualifications for the work in which you are interested. Please include your current/past employer, faculty advisor/teacher, and someone who can assess your ability to fit and engage in the Christ-centered objectives and culture of Mennonite Mission Network. Other references may include a mentor, fellow employee, fellow student, or personal friend. DO NOT include close relatives. *(Include name, e-mail, primary phone number, and relationship to you.)*

Full name	E-mail	Primary phone #	Relationship

**Comments and signature**

23. Please read the *Lifestyle Expectations, Organizational Values, and Summary Statement* from the *Confession of Faith in a Mennonite Perspective*.

- A. Based on our identity as a faith-based organization and your expected behavior representing us, do you agree to conduct yourself in a way that will not undermine our agency and its mission?
  
- B. Please state any points on which clarification or conversation would be helpful.

24. I affirm that the information I have written is true. I understand that it will be used in dialogue with me toward finding appropriate placement for me within Mennonite Mission Network. I authorize Mennonite Mission Network to inquire about this information, my work history and qualifications, and any other information considered relevant, including, but not limited to, my general character and family relationships. I authorize Mennonite Mission Network to provide copies of my personnel file that it considers relevant to all persons responsible in the placement process of a mission/service assignment. I authorize any person or entity to provide the requested information to Mennonite Mission Network. I release Mennonite Mission Network and its representatives, and any person or entity (and its representatives) that 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Copies of this authorization showing my signature are as valid as the original release form.  
This authorization is valid for two years from the date signed.***



Mennonite Mission Network provides mission and service opportunities in North America and international settings through a variety of programs. Some of these programs have specific age requirements. Some programs require group living arrangements in very modest physical surroundings. In all mission/service assignments, arrangements are made for the entire family (including dependent children). Because of the necessary adjustments and unique living environments, we ask you to complete the following section.

25. Birthdate \_\_\_\_\_ 26. Gender  M  F

27. Marital status

Single

Engaged: Date of wedding \_\_\_\_\_ Name of fiancé(e) \_\_\_\_\_

Married: Date of marriage \_\_\_\_\_ Name of spouse \_\_\_\_\_

Widowed: Date \_\_\_\_\_

Separated: Date separated \_\_\_\_\_

Divorced: Date finalized \_\_\_\_\_

28. If you plan to travel outside the United States for this program (or by air within the United States and your state issued driver's license is not REAL ID compliant), please provide your passport information.

Do you have a current passport?  Yes  No

(If no, please send your passport information to us as soon as you obtain your passport.)

Passport number \_\_\_\_\_

Passport date of issue (mm/dd/yyyy) \_\_\_\_\_ Passport expiration date (mm/dd/yyyy) \_\_\_\_\_

Name as it appears on your passport \_\_\_\_\_

29. List full names, addresses, and phone numbers of parents.

30. List names and birthdates of dependent children.

31. In case of emergency, please notify (other than spouse):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

E-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_