

APPLICATION FOR EMPLOYMENT

Samaritan's Purse - Canada

PLEASE TYPE OR WRITE USING BLACK INK ONLY

DATE

Month / Day / Year

NAME	First Middle Last	TYPE OF POSITION APPLYING FOR (check all that apply)	
ADDRESS	Street or box number	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> International Field Staff* (*please include International Field Staff Addendum w/application)	
	City Prov/Country Postal Code	POSITION APPLYING FOR:	
How long have you lived at this address?	Years: Months:	Salary expected: Month / Day / Year	
HOME TELEPHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS	SOCIAL INSURANCE NUMBER — —

EDUCATION			GRADUATE		DEGREE
	City	Prov/Country	YES	NO	FIELD
High School			<input type="checkbox"/>	<input type="checkbox"/>	
Vocational Technical Training			<input type="checkbox"/>	<input type="checkbox"/>	_____
College/University			<input type="checkbox"/>	<input type="checkbox"/>	_____
College/University			<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Education or Training:			What office equipment can you operate?		
Are you studying at the present time? If so, what and where?			School, civic, community activities/ organizations, offices held, honors:		
What special skills and qualifications do you have?			Foreign languages (indicate degree of competence):		

Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or entered a guilty plea or pleas of nolo contendere, to a crime (felony or misdemeanor), excluding minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status BRANCH: DATES: RANK:

Previously employed by us? Yes No

If so, when? _____ Where? _____

Have you any relatives or friends employed by us? Yes No If so, please give names and relationships.

Why are you applying? _____

Who referred you to us? _____

In the following spaces, give a complete record of your employment, including, if any, periods of self-employment. Begin with your most recent employment and work back. For dates of employment, list both the **month** and **year**. If additional space is needed, attach a supplementary sheet.

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

Contact Name: _____ Contact Telephone Number: _____

I. **NAME OF PRESENT/LAST EMPLOYER:** _____

Address: _____

Dates Employed: From _____ To _____ Ending Salary: _____

Telephone Number: _____ Supervisor's Name and Position _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

II. **NAME OF PREVIOUS EMPLOYER:** _____

Address: _____

Dates Employed: From _____ To _____ Ending Salary: _____

Telephone Number: _____ Supervisor's Name and Position _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

III. **NAME OF PREVIOUS EMPLOYER:** _____

Address: _____

Dates Employed: From _____ To _____ Ending Salary: _____

Telephone Number: _____ Supervisor's Name and Position _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

IV. **NAME OF PREVIOUS EMPLOYER:** _____

Address: _____

Dates Employed: From _____ To _____ Ending Salary: _____

Telephone Number: _____ Supervisor's Name and Position _____

Job Title: _____

Responsibilities: _____

Reason for Leaving: _____

Please list below the names and addresses of three persons (other than your pastor) we may contact as references. Do not include relatives or former employers.

NAME	STREET	CITY, PROV/ (COUNTRY)	TELEPHONE	E-MAIL	OCCUPATION

CHRISTIAN EXPERIENCE

Church Member? Yes No Name of Church: _____

Denomination: _____ Church Address: _____

Pastor's Name: _____ Telephone Number: _____

Alternate Christian Testimony Reference: _____

Offices and activities in church: _____

BASIC STATEMENT OF YOUR PERSONAL CHRISTIAN TESTIMONY (including an explanation of the basis of your salvation and what Jesus Christ means to you in your daily life)

ATTACH ADDITIONAL PAGE IF NEEDED.

MISSION STATEMENT: Samaritan's Purse is a nonprofit, nondenominational, evangelical Christian organization providing spiritual and physical aid to hurting people around the world. Since 1970, Samaritan's Purse has helped meet the needs of victims of war, poverty, natural disasters, disease, and famine with the purpose of sharing God's love through Jesus Christ. The organization serves the church worldwide to promote the Gospel of the Lord Jesus Christ.

STATEMENT OF FAITH: What a person believes is the foundation for both life and ministry. Please read carefully and prayerfully this statement of faith and, if in agreement, sign the application. If you do not agree, please explain your differences on a separate sheet.

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God. (II Timothy 3:15-17)
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. (Matthew 28:19)
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (John 1:1-4; Philippians 2:5-11; Acts 1:11 & 2:22-24)
4. We believe that, for the salvation of lost and sinful man, repentance of sin and faith in Jesus Christ result in regeneration by the Holy Spirit and that Jesus Christ is the only way of salvation. (Titus 3:4-7; Ephesians 2:8-9; John 14:6; Acts 4:12; Luke 24:46-47)
5. We believe in the present ministry of the Holy Spirit, whose indwelling enables the Christian to live a godly life. (Galatians 5:16-18; Romans 8:9)
6. We believe in the resurrection of both the saved and the lost; the saved unto the resurrection of eternal life and the lost unto the resurrection of damnation and eternal punishment. (Revelation 20:11-15; I Corinthians 15:51-57)
7. We believe in the spiritual unity of believers in our Lord Jesus Christ and that all true believers are members of His body, the Church. (Ephesians 1:22-23; I Corinthians 12:12 & 27)
8. We believe that the ministry of evangelism is a responsibility of both the Church and each Christian. (Romans 10 9-15; Acts 1:8; Matthew 28:18-20; I Peter 3:15)

CERTIFICATION

Because of the special relationship of trust and service placed in the individuals who are called to serve for a Christian ministry, Samaritan's Purse conditions employment on, among other things, the results of previous employer references, pastor references, and other general references and investigations.

I have read and completed application carefully and certify that all information contained in this application and any attachments to it are true and complete to the best of my knowledge. I further authorize Samaritan's Purse to make such investigation and inquiries of my prior employment, my qualifications and abilities, my statements in this application and any attachments to it, my criminal history/records, and any other related matters in arriving at an employment decision. I hereby authorize my previous employers, educational institutions, and religious denominations, churches, and other organizations to provide all information that they may have concerning my past employment, education, service, membership, or affiliation. In addition, I hereby release Samaritan's Purse and its officers, directors, employees, and other agents of and from any and all of potential liability arising from such investigation and inquiries of the above information and/or the completion of any criminal record check requirements.

I understand that any omission of fact or false or misleading information given in this application for employment, any attachments to it, or in my interview(s) may result in the denial of my employment, the withdrawal of my conditional offer of employment, if made, or disciplinary action, up to and including immediate discharge, as applicable. Employment is subject to job availability.

Signature

Date

Please check here if information may be shared with the Billy Graham Evangelistic Association for employment consideration.

SAMARITAN'S PURSE BACKGROUND CHECK AUTHORIZATION

This document is to inform you that, as a part of our procedure for processing your employment application or otherwise determining your eligibility for a position with Samaritan's Purse, criminal records, credit reports and other background checks may be obtained regarding you for employment purposes. This inquiry may, by the nature of the data collected in such records, include information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable.

I, _____, hereby consent to and authorize Samaritan's Purse to obtain one or more consumer/investigative reports on me in connection with my application for employment. Such reports may include, but are not limited to, information regarding my criminal record, driving record, credit, employment history and performance, or other investigative reports. I understand that the agencies from which this report or reports may be sought may include, without limitation, criminal records search agencies, consumer information/credit bureaus, and the like. I also understand that this authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested in connection with my employment at Samaritan's Purse.

I acknowledge that I read the information contained on this form carefully and certify that all of the information completed by me on the attached Samaritan's Purse Background Authorization Data Form and as contained in my previous application for employment with Samaritan's Purse (and any attachments to it) were and are true and complete to the best of my knowledge. I also hereby release Samaritan's Purse and its officers, directors, trustees, employees and other agents, and all other persons, companies, schools, consumer information agencies, record search firms and other entities, of and from any and all potential liability arising from inquiries by Samaritan's Purse and its agents regarding the above background checks and/or the compilation or use of such reports regarding me.

Signature

Date

SKILLS

WHAT SPECIAL SKILLS AND QUALIFICATIONS DO YOU HAVE? (Indicate level of experience)

COUNTRY DIRECTOR	Some	Extensive	Leader
Employee Management/Supv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of Physical Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Dev./Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programmatic Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Legal Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract Negotiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant Writing/Funding Proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff/Project Security Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE MANAGER	Some	Extensive	Leader
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone/Fax/E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers/Typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payroll/Cash Advances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of Cash Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHELTER COORDINATOR	Some	Extensive	Leader
Assessment of Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget & Timeline Proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material Needs List Devel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering (indicate field)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contracting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL COORDINATOR	Some	Extensive	Leader
Health Care Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training of Health Care Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital/Clinic Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNITY OUTREACH COORDINATOR	Some	Extensive	Leader
Assessment of Spiritual Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of Physical Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Outreach Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food/Non-Food Distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing Church Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preaching/Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipleship Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bible Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Witnessing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINANCE MANAGER	Some	Extensive	Leader
Accounting/Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Statement Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Financial Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking Grant Monies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOGISTICS COORDINATOR (Includes procurement, warehousing, & transportation)	Some	Extensive	Leader
Liaising with other organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shipping & Customs Clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pricing & Purchasing Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS	Some	Extensive	Leader
Teaching (indicate subjects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing/Journalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography/Videography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports/Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (indicate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please send your completed application/addendum as well as your resume and cover letter to:

Samaritan's Purse – Canada
ATTN: International Field Human Resources Manager
20 Hopewell Way NE
Calgary, Alberta
T3J 5H5
Fax: 403.250.6567
internationalstaff@samaritan.org